

Certified as a Regulation (or
as Regulations) of the

State Department of Social Welfare

(Name of State Agency)

C. J. Schmalz

(Signature)

Director

(Title)

November 28, 1952

(Date)

AREA OFFICES

LOS ANGELES OFFICE
MICHIGAN 8411
MIRROR BUILDING
145 SOUTH SPRING STREET
12

SACRAMENTO OFFICE
GILBERT 2-4711
924 NINTH STREET
14

SAN FRANCISCO OFFICE
EXBROOK 2-8751
GRAYSTONE BUILDING
948 MARKET STREET
2

Earl Warren
Governor

STATE HEADQUARTERS

SACRAMENTO
GILBERT 2-4711
616 K STREET
14

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND
DIRECTOR

November 28, 1952

ADDRESS REPLY TO:

616 K Street
Sacramento 14

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

Dear Mr. Jordan:

Attached are three copies of regulations to be issued with Aid to Needy Children Manual Letter No. 21 as revisions to the Manual of Policies and Procedures - Aid to Needy Children.

These manual pages contain the revised Section C-503. Revised portions are indicated by the vertical lines which appear in the margins.

These regulations were adopted by the State Social Welfare Board on November 19, 1952, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 103, 103.5, and 114(b), and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

Charles I. Schottland

Charles I. Schottland
Director

Attachment

FILED

In the Office of the Secretary of State
of the State of California

DEC 1 1952

At 11 o'clock A.M.

FRANK M. JORDAN, Secretary of State

By *Wm. J. Gray*
Assistant Secretary of State

C-503 (Continued)

C-503

The Cost Schedule, Form Gen M45, will be issued to counties not later than July 1 and January 1. The most recently issued Cost Schedule shall be used by the county in computing budgets. If the family is living in another county, the Cost Schedule for the county in which the family is living shall be used.

Allowances for goods and services such as food, special diets, clothing, household operations, etc., are shown on a monthly basis. The allowances for food and clothing are based on age groupings. If amounts in excess of the allowances shown on the Cost Schedule are included for items such as utilities, they shall be converted to average monthly amounts in computing the budget. Any items paid by the family on other than a monthly basis, such as weekly rent, shall be converted to monthly amounts on the basis of 4 1/3 weeks per month.

D. EFFECTIVE DATE OF NEW PRICINGS

Revisions to the Cost Schedule due to new pricings shall be made effective in all cases not later than the first of April and the first of October.

E. COMPUTING THE BUDGET

In computing the family budget, the age of the child shall be the actual age as of the date assistance is granted, increased, or decreased.

The allowances for essential items shall be recomputed if any of the following occur:

1. Assistance is restored.
2. There is a change in the family's needs or income.
3. The annual redetermination of eligibility is made.
4. A new Cost Schedule is issued.

However, a recomputation need not be made solely because of a change in age.

The Budget Work Sheet, Form CA 241, or a substitute form approved by the SDSW shall be used in computing the budget for the family budget unit.

If an entire item of need of the family or one or more members of the family budget unit, such as housing for the family or clothing for one child, is contributed free or is received in return for services rendered by a member of the family budget unit, the item shall be shown as "free" in computing the budget rather than as a monetary amount. However, if only part of an item of need, such as milk in the food allowance or shoes in the clothing allowance, is received free, the amount for the entire item of need shall be shown in computing the budget and the monetary value of the part received free shall be shown as income.

F. NEEDS COMMON TO ALL FAMILY BUDGET UNITS

The goods and services essential to a minimum basic standard of adequate care for all family budget units, whether the children are living with their own families or with relatives, and the rules for computing the family budget are as follows:

(Section Continued on Next Page)

in the Office of the Secretary of State
of the State of CaliforniaC-503 DETERMINATION OF NEED FOR CHILDREN IN FAMILY GROUPS
OR WITH RELATIVES

DEC 1 1952

C-503

At 11 o'clock P.M.

FRANK M. JORDAN, Secretary of State

A. REQUIREMENTS

The needs of children living in their own family groups with relatives shall be determined on a budgetary basis. "Living in their own family group" includes all children living with one or both parents. "Living with relatives" includes all children living with persons related by blood or through marriage, regardless of degree of relationship or need of the person, and regardless of the child's eligibility for federal participation. (See Secs. C-420 through C-440 for eligibility for federal participation. See Sec. C-506 for determination of need for children living in boarding homes or institutions.)

B. PERSONS INCLUDED IN THE FAMILY BUDGET UNIT

The family budget unit shall include:

1. The eligible child.
2. The needy ineligible minor children, except any child disqualified for assistance because the parent does not wish to fulfill requirements, or refuses to cooperate with respect to requirements, for eligibility of that child.
3. The needy parents (including needy step-parent), except any parent who refuses to cooperate with law enforcement officers in relation to one or more children in the household who would otherwise be eligible for ANC.
4. Other needy person in the home required to act as caretaker of the child.

Exception: If the parent, step-parent, or caretaker is a recipient of OAS, ANB, or APSB, he shall not be included in the family budget unit.

If the family states that the ineligible minor, step-parent, or other person in the home required to act as caretaker is needy, the person's individual net income shall be determined and his total need computed in accordance with the ANC budget standard. If the individual person's net income is less than his total need and if the value of the person's real or personal property, when added to the child's and his parents' real and personal property, is not in excess of the statutory limitations for the ANC child, the person shall be included in the family budget unit. The net income of the needy person included shall be considered available to the family budget unit.

C. COST SCHEDULE

The ANC Cost Schedule shows amounts determined by the SDSW to be necessary for a minimum basic standard of adequate care. The items are priced regionally to establish the money amounts needed to purchase these items in different parts of the state. The pricings are made semiannually in May and November.

(Section Continued on Next Page)

C-503 (Continued)

C-503

This item covers:

- a. Personal needs such as haircuts, tooth brushes, hair brushes, combs, toilet soap, cosmetics, shaving supplies, sanitary supplies, etc. For infants it includes mineral oil, vaseline, boric acid, sterile cotton, nursing bottles and nipples.
- b. Recreation such as movies, scout dues, school activities, fishing tackle, toys, etc.
- c. Household operation such as cleaning and laundry supplies including brooms, mops, wash boards, soap, and bleach; mending supplies including darning cotton, needles, and thread; medicine chest supplies including band aids, hot water bottles, aspirin, and iodine; and minor replacements in minimum amounts including light globes, household linens, and bedding.
- d. Education and incidentals such as postage, stationery, magazines, or a newspaper.

4. Housing

a. Rent

The amount of rent paid shall be included for each family budget unit up to the ceiling given in the Cost Schedule.

If there are others in the household not included in the family budget unit, only the prorated share of the actual rent paid, in accordance with the total number of persons in the household, is allocable to the family budget unit.

The amount of actual rent paid by the family budget unit or the household and a statement as to what such rental includes shall be recorded in the narrative.

b. Allowances for Home Owned, Encumbered, or Being Purchased

Monthly amounts shall be included for the home owned, encumbered, or being purchased and occupied by the family, as follows:

- (1) Monthly prorata of taxes paid.
- (2) Monthly prorata of assessments paid, not included in the taxes.
- (3) Monthly prorata of fire insurance paid.
- (4) Allowance for upkeep and minor repairs, as follows:

<u>Assessed Valuation</u>	<u>Minimum Allowance per Month</u>
Under \$1,000	\$2.00
\$1,000 - \$1,999	2.50
\$2,000 - \$3,000	3.00

(Section Continued on Next Page)

C-503 (Continued)

C-503

1. Food

The amount for food given in the Cost Schedule shall be included for each individual in the family budget unit (see Item G-1 for special diets and G-2 for restaurant meals).

Family budget units of only one or two persons shall be allowed an additional 10% for food, if food is prepared for a household of only one or two persons.

See Item G-3 of this section for special food allowance for a family in which the mother is working.

2. Clothing

The amount for clothing given in the Cost Schedule shall be included to cover current replacements in clothing for each individual in the family budget unit.

Clothing for a child's first year shall be included as needed in either:

- a. A lump sum before or after the child is born, or
- b. Prorated over a period before or after the birth, or both.

3. Personal Needs, Recreation, Household Operation, and Education and Incidentals

The amount for personal needs, recreation, household operation, and education and incidentals given in the Cost Schedule shall be included in accordance with the number in the family budget unit. However, the combined amount included in the budget for this item and life insurance (see Item G-9 of this section) for the entire family budget unit shall not exceed the following amounts:

<u>Number of Eligible Children in the Family Budget Unit</u>	<u>Ceiling Amount</u>
1	\$ 13
2	15
3	18
4	21
5	24
6	26
7	28
8	30
9	32
10	33
11	34
12 or more	35

(Section Continued on Next Page)

C-503 (Continued)

C-503

G. NEEDS NOT COMMON TO ALL FAMILY BUDGET UNITS

The goods and services essential to a minimum adequate standard of living but not common to all family budget units and the rules for including these needs in the family budget are listed below. For needs that are specifically related to a program of vocational rehabilitation for a parent or a program to assist in the maintenance and self-support for a family, see Item H of this section. Needs, other than those listed, that arise must be met by other resources in the community or by relatives or friends.

1. Special Diets

The amount for a special diet given in the Cost Schedule for an individual in the family budget unit shall be included if a special diet is recommended by a physician or public health clinic. The recommendation for the special diet including the length of time the diet will be required shall be included in the narrative or filed in the case record.

2. Restaurant Meals

The amount necessary for restaurant meals in lieu of the food allowance in the Cost Schedule for a temporary period not to exceed three months shall be included up to a maximum of \$1.50 per day per person, if either of the following circumstances exists:

- a. Emergency housing occupied by the family does not have cooking facilities, until housing is found that does provide such facilities.
- b. A member of the family budget unit must be temporarily out of the home to receive medical treatment and no other arrangement for his eating is possible.

The basis for the determination of the need for restaurant meals and of the amount and period of time allowance is to be made shall be recorded in the narrative.

In cases in which there is employment, see Sec. C-364.

3. Commercially Prepared Foods

An amount equal to ten percent of the total food allowance for the family budget unit shall be included in order to provide for the purchase of some commercially prepared foods, if the mother who prepares the meals is regularly employed outside the home or is engaged in a vocational program.

4. Additional Expenses for Clothing

The amount necessary for clothing, either in a lump sum or prorated over a period, shall be included up to the amount for an individual shown on Form Gen M40, if a member of the family budget unit does not have a basic outfit, or clothing is lost by fire, flood, or other disaster, and if such clothing is not obtainable through other sources in the community or from relatives or friends. The determination of the amount of clothing needed shall be recorded in the narrative.

(Section Continued on Next Page)

C-503 (Continued)

C-503

- (5) Monthly prorata of amount to cover interest and principal payments on encumbrances.

The total amount for taxes, insurance, upkeep and repairs, interest, and principal shall be determined and shall be included for each family budget unit up to the rent ceiling given in the Cost Schedule.

If there are others in the household not included in the family budget unit, only the prorated share of the above housing expenses, in accordance with the total number of persons in the household, is allocable to the family budget unit.

5. Utilities

The amounts given in the Cost Schedule for those utilities used by the family and not included in the rent (e.g., gas for cooking, electricity for lighting, wood for heating) shall be included in accordance with the number in the family budget unit.

If there are others in the household not included in the family budget unit, only the prorated share of the amounts for utilities given in the Cost Schedule, in accordance with the total number of persons in the household, is allocable to the family budget unit.

The average monthly amount of the cost of ice, if needed, shall be included up to a maximum of \$6 for the household.

If a utility used by the family is not listed on the Cost Schedule, the county shall determine and include the average monthly amount necessary on an annual basis. The basis of the county's determination shall be recorded in the narrative.

(Section Continued on Next Page)

Certified as a Regulation (or
as Regulations) of the

Dept of Social Welfare

(Name of State Agency)

C. J. Schoeland

(Signature)

Director

(Title)

12-17-52

(Date)

AREA OFFICES

LQS ANGELES OFFICE
MICHIGAN 8411
MIRROR BUILDING
145 SOUTH SPRING STREET
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GILBERT 2-4711
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EXBROOK 2-8751
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948 MARKET STREET
2

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND
DIRECTOR

December 17, 1952

STATE HEADQUARTERS

SACRAMENTO
GILBERT 2-4711
616 K STREET
14

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

ADDRESS REPLY TO:

616 K Street
Sacramento 14

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare.

DEPARTMENT BULLETIN NO. 482 (Stat)

These regulations were approved by the State Social Welfare Board pursuant to the powers conferred upon it by the Welfare and Institutions Code, Sections 103, 103.5, 103.6, 114b, 115, and 116 on December 15, 1952, and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

Charles I. Schottland
Charles I. Schottland
Director

Attachments

FILED

in the Office of the Secretary of State
of the State of California

DEC 18 1952

At 2:55 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *Charles I. Schottland*
Assistant Secretary of State

A supply of Form Temp 357 and instructions are being forwarded to each county. Please address requests for additional forms or questions regarding their completion to the Bureau of Research and Statistics, State Department of Social Welfare, 616 Kay Street, Sacramento (14), California.

Completed Forms Temp 357 showing required data on applications approved in December as specified above shall be submitted to the State Department of Social Welfare, 616 Kay Street, Sacramento (14) on or before January 20, 1953.

Very sincerely yours,

Charles I. Schottland

Charles I. Schottland
Director

CHARLES I. SCHOTTLAND
Director

EARL WARREN
Governor

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14

FILED

in the Office of the Secretary of State
of the State of California

December 17, 1952

DEC 18 1952

DEPARTMENT BULLETIN NO. 482 (STAT)

TO: COUNTY BOARDS OF SUPERVISORS
COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS

At 2:55 o'clock P.M.
FRANK M. JORDAN, Secretary of State
By *[Signature]*
Assistant Secretary of State

Subject: Study of time required to process
public assistance applications to
point of payment.

As previously announced the State Department of Social Welfare is undertaking a special study of the time required to process public assistance applications to the point of actual payment. This study is being made primarily to meet the Federal Social Security Administration's request for evidence that the federal requirements re prompt payment are being met.

Specifically the study plan is as follows:

Forms containing selected dates in the authorization process are to be submitted on Old Age Security, Aid to Needy Blind, and Aid to Needy Children new applications and reapplications which are approved in December, 1952.

A. All counties will submit data on each Aid to Needy Blind application approved in December, 1952.

B. For Old Age Security, data will be submitted on applications approved in December, 1952 as follows:

1. Counties having 300 or more Old Age Security applications approved in December will submit data on approved applications with state numbers ending in 2 and 8.
2. Counties having 50 or more but less than 300 Old Age Security applications approved in December will submit data on approved applications with state numbers ending in 0, 2, 4, 6, and 8.
3. All other counties will submit data on all applications approved in December.

C. For Aid to Needy Children, the same sampling formula applies, according to the number of Aid to Needy Children family case applications approved in December.

It is anticipated that the study will require only a minimum amount of additional work on the part of county staffs.

INSTRUCTIONS

Use a separate form(s) for each program. Designate the program by checking the appropriate box appearing in the upper left hand corner.

Use numerical abbreviations in entering dates on the form. For example, for November 1, 1952 use the abbreviation, 11/1/52.

- Item 1. Case Name - Enter the last name and first initial of the case.
2. State Number - Enter the state number.
3. Date of Formal Application - Enter the date on which the formal application was signed by the recipient.
4. Date Eligibility Investigation Completed - Enter the date on which the certificate of eligibility is signed by the case worker or the case supervisor, if the latter is required by the county.
5. Date of Formal Authorization Action - Enter the date on which action was taken by the board of supervisors or its delegated agent to authorize payment of aid.
6. Date of Mailing of Check - Enter the date on which the first check was mailed to the recipient.

WFO ☐
 WRO ☐
 WVS ☐

WFO ☐ (CHECK ONE)

WFO ☐ (CHECK ONE)

WFO ☐ (CHECK ONE)

APPLICATION TO INITIAL PAYMENT TIME STUDY

PROGRAM: (CHECK ONE)

NEW APPLICATIONS AND REAPPLICATIONS
APPROVED IN DECEMBER 1952

PAGE ____ OF ____ PAGES

OAS ☐ANC ☐

(FAMILY CASES ONLY)

ANB ☐

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(6)

(7)

1) CASE NAME

2) STATE NUMBER

3) DATE FORMAL APPLICATION SIGNED

4) DATE ELIGIBILITY INVESTIGATION COMPLETED

5) DATE OF FORMAL AUTHORIZATION ACTION

6) DATE OF MAILING OF CHECK

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FOR STATE USE ONLY

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(SEE INSTRUCTIONS FOR COMPLETION ON BACK OF FORM)

COUNTY _____

DATE _____

COMPLETED BY _____

AREA OFFICES

LOS ANGELES OFFICE
MICHIGAN 8411
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Earl Warren
Governor

STATE HEADQUARTERS

SACRAMENTO
GILBERT 2-4711
616 K STREET
14

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND

DIRECTOR

December 19, 1952

ADDRESS REPLY TO:

616 K Street
Sacramento 14

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare.

DEPARTMENT BULLETIN NO. 480-A (OAS)

These regulations were approved by the State Social Welfare Board pursuant to the powers conferred upon it by the Welfare and Institutions Code, Sections 103, 103.5, 115, 116, and 2140 on December 15, 1952, and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

Charles I. Schottland

Charles I. Schottland
Director

Attachments

FILED

in the Office of the Secretary of State
of the State of California

DEC 19 1952

At 4:25 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *Chas. M. Gray*
Assistant Secretary of State

Certified as a Regulation (or
as Regulations) of the

State Dept of Social Welfare
(Name of State Agency)

Charles J. Schmitt
(Signature)

Director
(Title)

12-19-52
(Date)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

616 K STREET
SACRAMENTO 14

December 17, 1952

DEPARTMENT BULLETIN NO 480-A (OAS)

To: County Boards of Supervisors
County Welfare Departments
County Auditors

Subject: Submission to State Department of
Social Welfare of Forms Ag 278

The following instructions supplement Department Bulletin No. 480 (OAS).

Whenever any action on an Old Age Security Permanent Sample case (state numbers ending in "22" or "88") is authorized by completion of Form Ag 278, a copy of this form shall be sent to the State Department of Social Welfare, 616 K Street, Sacramento 14, California. (See Manual of Policies and Procedures - Old Age Security, Sec. A-1322)

Whenever discontinuance of aid to any Old Age Security recipient, for a reason other than death, is authorized by completion of Form Ag 278, a copy of this form shall be sent to the State Department of Social Welfare, 616 K Street, Sacramento 14, California. (See Manual of Policies and Procedures - Old Age Security, Sec. A-1322).

Very sincerely yours,

Charles I. Schottland

Charles I. Schottland
Director

FILED

In the Office of the Secretary of State
of the State of California

DEC 19 1952

At 4:25 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *[Signature]*
Assistant Secretary of State

Certified as a Regulation (or
as Regulations) of the

Dept of Social Welfare
(Name of State Agency)

Charles I. Lebrun
(Signature)

Director

(Title)

12-23-52

(Date)

(1)

(Date)

(Date)

(Signature)

(Name of State Agency)

24-60
The Department of the State
Certified as a Department of

AREA OFFICES

Earl Warren
Governor

STATE HEADQUARTERS

LOS ANGELES OFFICE
MICHIGAN 8411
MIRROR BUILDING
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STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND
DIRECTOR

December 23, 1952

SACRAMENTO
GILBERT 2-4711
616 K STREET
14

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

ADDRESS REPLY TO:
616 K Street
Sacramento 14

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare.

DEPARTMENT BULLETIN NO. 471 Rev. (Merit System)
DEPARTMENT BULLETIN NO. 483 (Merit System)

These regulations were adopted by the State Social Welfare Board on December 15, 1952, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 119.5, and 119.6 and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

Charles I. Schottland
Charles I. Schottland
Director

Attachments

FILED
in the Office of the Secretary of State
of the State of California

DEC 26 1952

At 11:15 o'clock a.m.

FRANK M. JORDAN, Secretary of State

By *Amos*
Assistant Secretary of State

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14
December 22, 1952

DEPARTMENT BULLETIN NO. 471 Rev. (Merit System)

TO: COUNTY WELFARE DIRECTORS
(Excluding Alameda, Contra Costa,
Fresno, Los Angeles, San Bernardino,
Sacramento, San Diego, San Francisco,
San Mateo, Santa Clara, and Ventura
counties)

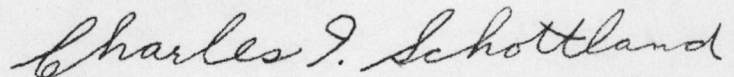
Subject: Revision of Minimum Qualifica-
tions for Social Worker II
Effective February 1, 1953

Effective February 1, 1953, the minimum qualifications for Social Worker II will be changed. Attached is a copy of the revised specification. This obsoletes Department Bulletin No. 471.

The following provisions shall prevail concerning eligibility of provisional appointees to participate in County Merit System examinations:

1. All personnel employed on a provisional basis in the class of Social Worker II prior to February 1, 1953, shall be eligible to compete in any County Merit System examination for this class which is held prior to February 1, 1953.
2. In the event that no examination is held for the Social Worker II class prior to February 1, 1953, on either (a) a state-wide basis or (b) an area basis covering the location of employment, a provisional Social Worker II employee shall be permitted to participate in the first area or state-wide examination scheduled (whichever is earlier) after February 1, 1953, provided he received said provisional appointment prior to January 1, 1953.
3. Any employee who was appointed on a provisional basis on or after January 1, 1953, in the Social Worker II class and who will not meet the new minimum qualifications as of February 1, 1953, shall have his provisional appointment terminated at close of business on January 31, 1953.

Very sincerely yours,



Charles I. Schottland
Director

Attachment

AND

Experience: One year of full-time paid employment (within the last ten years) as a social worker in a private or public welfare agency involving the determination of eligibility for aid or services.

OR

Alternate Education and Experience Requirement:

- (1) One year of full-time paid employment (within the last ten years) as a social worker may be substituted for one year of college on a year for year basis to four years.
- (2) The successful completion of one year of graduate study at a recognized school of social work may be substituted for one year of the required experience.

Knowledge:

- (1) Wide knowledge of the provisions of the California Welfare and Institutions Code pertaining to Old Age Security, Aid to Needy Blind, and Aid to Needy Children.
- (2) Wide knowledge of the principles and techniques of interviewing and recording in social case work.
- (3) Wide knowledge of the problems which call for the use of public and private community resources.
- (4) General knowledge of the titles of the Social Security Act pertaining to Old Age Assistance, Aid to the Blind, and Aid to Dependent Children.
- (5) General knowledge of the programs and their supporting legislation relating to California State and local welfare and national programs relating to public assistance operative in California.
- (6) General knowledge of the principal sources of information important in completing investigations of applicants or recipients for public assistance.

Ability:

- (1) To obtain facts and recognize what is relevant and significant.
- (2) To determine eligibility for public assistance on the basis of laws, rules, and regulations.
- (3) To interpret to the applicant, recipient, or others, the public assistance programs as set forth in the laws, rules, and regulations.

California County
Merit System
Class Specification

Effective: 2/1/53
Previous Rev: 8/20/52
Established: 3/21/41
Title Changed: 8/20/50

SOCIAL WORKER II

Definition:

Under general supervision, in accordance with well-defined policies and procedures, to determine the eligibility and need of applicants and recipients for public assistance and services; to recommend assistance grants; to provide related services; and to do other work as required.

Distinguishing Characteristics:

This is the working level of the social worker series. A person in this class may be assigned duties involving any of the categories of aid and is expected to perform all social work activities, including those requiring special case work skill.

A position in this class may be distinguished from a position in the class Social Work Supervisor I, in that it does not ordinarily involve the supervision of a group of social workers. It differs from a position in the class Social Worker I, in that it involves the more responsible performance of the work in determining eligibility for public assistance, under less direct supervision, and with greater latitude for independent action.

Typical Tasks:

Interviews applicants for and recipients of public assistance and welfare services; secures and evaluates information necessary to establish eligibility; makes home calls.

Assists applicants and recipients in utilizing available resources for individual needs; interprets the policies, rules, and regulations of the department to applicants, recipients, and others.

Prepares and maintains case records; dictates case findings and correspondence; prepares necessary forms and reports; discusses case problems with the supervisor.

Minimum Qualifications:

EITHER I

Completion of six months of current and satisfactory employment in a California County Welfare Department as a Social Worker I (as a probationary or provisional employee) or an equivalent class.

OR II

Education: Equivalent to graduation from college.

Ability: (Continued)

- (4) To present oral and written reports concisely and clearly.
- (5) To interview effectively.
- (6) To analyze situations accurately and to adopt an effective course of action.
- (7) To get along well with others.
- (8) To operate an automobile.

Personal Characteristics:

Initiative, tact, perseverance, willingness to perform some clerical work, good judgment, dependability, moral and financial integrity, demonstrated ability to accept increasing responsibility, sympathy with the public assistance programs of the Social Security Act, neat personal appearance, good health, and freedom from disabling defects.

Certified as a Regulation (or
as Regulations) of the

Dept of Social Welfare
(Name of State Agency)

Charles I. Schacter
(Signature)

Director
(Title)

12-23-52
(Date)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14
December 22, 1952

FILED
In the Office of the Secretary of State
of the State of California

DEPARTMENT BULLETIN NO. 483 (Merit System)

DEC 2 1952

TO: COUNTY WELFARE DIRECTORS
(Excluding Alameda, Contra Costa,
Fresno, Los Angeles, San Bernardino,
Sacramento, San Diego, San Francisco,
San Mateo, Santa Clara, and Ventura
counties)

At 10:16 o'clock a.m.

FRANK M. JORDAN, Secretary of State

By _____
Assistant Secretary of State

Subject: New Class Specification
Chief Fiscal Supervisor

Effective February 1, 1953, a new class specification, Chief Fiscal Supervisor will be added to the Merit System Classification Plan. A copy of the class specification is attached. The salary schedule approved for this class is:

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
281	297	314	332	351	371	392	415	439	464	491

The Chief Fiscal Supervisor class is the highest class in the account clerk series. Present use of the Chief Fiscal Supervisor class is limited to counties employing a County Welfare Director V. It is only used in such counties where the Director has delegated to the Chief Fiscal Supervisor the responsibility for fiscal management of the welfare department. In such instances, the Chief Fiscal Supervisor does not receive technical supervision from either the County Welfare Director V or the Assistant County Welfare Director.

Very sincerely yours,

Charles I. Schottland

Charles I. Schottland
Director

Attachment

OR II

Education: Equivalent to that represented by completion of the twelfth grade.

AND

Experience: Three years of progressively responsible supervisory experience in financial record keeping work.

Knowledge:

- (1) Thorough knowledge of federal, state, and county law pertaining to accountability of welfare funds.
- (2) Wide knowledge of governmental accounting and budgetary record keeping.
- (3) Wide knowledge of office methods and procedures.
- (4) General knowledge of accounting principles and practices.
- (5) General knowledge of federal, state, and county laws, rules and regulations pertaining to the social work program of the department as it relates to fiscal or statistical functions.
- (6) General knowledge of the principles and techniques of employee supervision.

Ability:

- (1) To plan, organize, direct, and coordinate the work of an accounting section.
- (2) To analyze situations accurately and to adopt an effective course of action.
- (3) To establish and maintain cooperative working relationships, including those with representatives of other agencies and the public.
- (4) To prepare clear and concise statements and reports.

Personal Characteristics:

Initiative, accuracy, integrity, reliability, orderliness, neat personal appearance, good judgment, good health, and freedom from disabling defects.

CHIEF FISCAL SUPERVISOR

Definition:

Under general direction, to have charge of and be responsible for the accounting, budgetary, and statistical functions of one of the largest county welfare departments; and to do other work as required.

Job Characteristics:

This class is used in the largest county welfare departments where the size of staff and the complexity of problems make it impracticable for the County Welfare Director V or the Assistant County Welfare Director to exercise technical supervision over the accounting, budgetary, and statistical work of the department.

The duties assigned to a Chief Fiscal Supervisor are specific, varied in nature, do not follow standardized routines, and require the wide use of independent judgment. The purposes and objectives of new assignments and required changes in procedures are outlined in general terms. Although assignments are concerned with accounting, budgetary, and statistical matters, it is necessary for a Chief Fiscal Supervisor to understand the laws, rules, regulations, procedures, and policies governing the social work program of the county welfare department to insure an effective coordination of social work and accounting procedures and policies.

Typical Tasks:

Plans, assigns, and reviews work; gives instructions; maintains discipline and passes upon problems involved in directing the accounting, budgetary and statistical work of the county welfare department; prepares the departmental budget and bears responsibility for keeping the expenditures within budgetary allotments; maintains control over the expenditures, collections, and property of the department; develops and installs new procedures; coordinates the methods, procedures, and work of the accounting section with the social service and other sections to facilitate the operation of the whole department; acts as financial advisor to the Director; prepares statements and reports showing the financial condition of the department; reviews and dictates correspondence; and confers with county, state, federal officials and others on fiscal matters.

Minimum Qualifications:

EITHER I

Experience: One year of experience as a Chief Account Clerk in the County Merit System.

AREA OFFICES

LOS ANGELES OFFICE
MICHIGAN 8411
MIRROR BUILDING
145 SOUTH SPRING STREET
12

SACRAMENTO OFFICE
GILBERT 2-4711
924 NINTH STREET
14

SAN FRANCISCO OFFICE
EXBROOK 2-8751
GRAYSTONE BUILDING
948 MARKET STREET
2

Earl Warren
Governor

STATE HEADQUARTERS

SACRAMENTO
GILBERT 2-4711
616 K STREET
14

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND
DIRECTOR

December 23, 1952

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

ADDRESS REPLY TO:
616 K Street
Sacramento 14

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare with Aid to the Blind Manual Letter No. 17.

The regulations contained in this material were approved by the Social Welfare Board on December 15, 1952, pursuant to the powers conferred upon it by the Welfare and Institutions Code, Sections 103, 103.6, 3075 and 3460, and are being filed in accordance with provisions of Section 11380 of the Government Code.

Very sincerely yours,

Charles I. Schottland
Charles I. Schottland
Director

Attachments

FILED

in the Office of the Secretary of State
of the State of California

DEC 26 1952

At 11:17 o'clock *a* M.

FRANK M. JORDAN, Secretary of State

By *Chas. J. [Signature]*
Assistant Secretary of State

Certified as a Regulation (or
as Regulations) of the

Dept of Social Welfare
(Name of State Agency)

Charles J. Schindler
(Signature)

Director
(Title)

12-23-52
(Date)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14
December 19, 1952

AID TO THE BLIND MANUAL LETTER NO. 17

The attached revision is to be entered in your copy of the Manual of Policies and Procedures - Aid to the Blind and revision number 164 is to be canceled on the inside of the manual cover.

This revision was adopted by the State Social Welfare Board on December 15, 1952, to be effective February 1, 1953.

New Sec. B-284 permits counties to provide each examiner (optometrist and ophthalmologist) in the locality with a supply of the appropriate eye examination report form. It also specifies that the applicant or recipient be provided with the names and addresses of the authorized examiners in the locality.

B-283 (Continued)

B-283

VENTURA

Braff, S. D.	528 South B Street	Oxnard
Martin, Joel P.	528 West 5th Street	Oxnard
Moses, Ralph	157 South A Street	Oxnard
Sledge, Lenard W.	1915 East Main Street	Ventura

YUBA

Polonsky, Harold G.	428 D Street	Marysville
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(W&IC 3075, 3083, 3460, 3471)

B-284 DISTRIBUTION OF EYE EXAMINATION FORMS

B-284

The county may provide each examiner in the locality, who is authorized to make eye examinations, a supply of the forms entitled Report of Eye Examination (Form BL 227 for medical examiners and Form BL 227-A for optometric examiners). This procedure will tend to facilitate the completion of the appropriate eye examination report form and its return to the county. The applicant or recipient shall be provided with the names and addresses of the authorized examiners in the locality.

(W&IC 3075, 3460)

B-283 (Continued)

B-283

SANTA BARBARA

Hill, J. D.	1020 State Street	Santa Barbara
Hill, Stanley D.	1020 State Street	Santa Barbara
Phillips, Robert W.	1532 State Street	Santa Barbara

SANTA CRUZ

Anderson, Harold G.	241 East Lake Ave.	Watsonville
Bechtel, L. C.	241 East Lake Ave.	Watsonville

SHASTA

Day, Ladd R.	2024 Market Street	Redding
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SISKIYOU

Stewart, R. M.	418 W. Miner Street	Yreka
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SOLANO

Giant, Edward M.	327 Georgia Street	Vallejo
Leonard, Arthur L., Jr.	406 Main Street	Vacaville
Marcuse, Seymore C., Jr.	355 Georgia Street	Vallejo

SONOMA

Campbell, W. P.	2421 Midway Drive	Santa Rosa
Musser, Wayne E.	161 Kentucky Street	Petaluma

STANISLAUS

Kirschen, M.	1117 Eye Street	Modesto
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TULARE

Dickson, James F., Jr.	133 South Mirage	Lindsay
Nishio, George	181 So. L Street (also in Fresno County)	Dinuba
Schill, Joseph C.	144 North M Street	Tulare

(Section Continued on Next Page)

.. Certified as a Regulation (or
as Regulations) of the

Dept of Social Welfare
(Name of State Agency)

Charles I. Schereland

(Signature)

Director

(Title)

12-31-52

(Date)

AREA OFFICES

LOS ANGELES OFFICE
MICHIGAN 8411
MIRROR BUILDING
145 SOUTH SPRING STREET
12

SACRAMENTO OFFICE
GILBERT 2-4711
924 NINTH STREET
14

SAN FRANCISCO OFFICE
EXBROOK 2-8751
GRAYSTONE BUILDING
948 MARKET STREET
2

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND
DIRECTOR

December 31, 1952

STATE HEADQUARTERS

SACRAMENTO
GILBERT 2-4711
616 K STREET
14

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

ADDRESS REPLY TO:

616 K Street
Sacramento 14

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare.

DEPARTMENT BULLETIN NO. 484 (Fiscal)
DEPARTMENT BULLETIN NO. 485 (ANC)

These regulations were approved by the State Social Welfare Board pursuant to the powers conferred upon it by the Welfare and Institutions Code, Sections 103, 103.5, 103.6, 114b, 115, and 116 on December 15, 1952, and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

Charles I. Schottland
Charles I. Schottland
Director

Attachments

FILED

In this office - or
for the State

DEC 31 1952 3:00 P.M.

FRANK M. JORDAN, Secretary of State

By *Charles I. Schottland*

authorization changing the amount of the payment (or changing participation data) from that already set up in the master deck reaches the disbursing unit, the old plate is pulled. It is replaced by a new plate on which is recorded the data shown on the authorization just received.

When a plate has been placed in the master deck, the payee continues to receive payment in the amount recorded thereon until the plate is replaced because the amount of the payment is changed or the payee is changed by the submission of another authorization, or the plate is removed because another authorization orders discontinuance of payment.

The disbursing unit, sometime prior to the first day of any month, writes warrants for the main payroll for the coming month, i.e., for each plate in the master deck.

The payment for the month in which an application is granted, or restored, or an increase or decrease is authorized and the payments for prior months, in no way affect the master deck on that month. No plates are prepared for these payments. The warrants for such months are specially written and mailed to the payees as soon as the warrants are written. A special or supplemental payroll for those payments is prepared.

Authorizations are, therefore, divided into two classes:

1. Those which affect the master deck, i.e., the main payroll which is to be written for the ensuing and subsequent months.
2. Those which do not affect the master deck, i.e., payment for the month in which authorization action is taken and/or prior months; also payment for the coming month if the payment was authorized after the county's cut-off date for additions or changes in the main payroll for the coming month.

II. INSTRUCTIONS FOR COMPLETION OF THE AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO NEEDY CHILDREN, FORM CA 278

The Authorization to Pay, Deny, Suspend, or Discontinue Aid to Needy Children, Form CA 278 shall be used to authorize granting of assistance, modification of payment, discontinuance, suspension, or denial of assistance.

The form is initiated by the social worker who completes all items on the form with the possible exception of Items 12 and 13. The county may specify that these items be completed by the accounting unit. A copy of the completed form showing the authorization signature and date shall be filed in the case record and necessary copies shall be made for claiming and reconciliation procedures.

"Whenever the action taken on a case is discontinuance of an entire family group, one fully completed copy of Form CA 278 shall be sent to the State Department of Social Welfare, 616 K Street, Sacramento 14, California."

ITEM 1. PAYEE - Enter the name of the person to whom the payment is to be made as it should appear on the warrant (i.e., given name or initials first, then surname).

ITEM 2. ADDRESS - Enter the mailing address of the payee. (Do not use this form to change address or correct address.)

W410103, 103.5, 103.6, 1140, 115, 116

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14

FILED

In the office of the Secretary of State
of the State of California

3:00 P.M.

DEPARTMENT BULLETIN NO. 484 (ANC)

FRANK M. JORDAN, Secretary of State

By _____
Assistant Secretary of State

TO: COUNTY BOARDS OF SUPERVISORS
COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS

Subject: Procedures for Use of
Form CA 278, Authorization to
Pay, Deny, Suspend, or Dis-
continue Aid to Needy Children

Effective February 1, 1953, authorization procedures for the use of county welfare departments are revised and Form CA 278, Authorization to Pay, Deny, Suspend, or Discontinue Aid to Needy Children, becomes effective. However, the counties will be given until December 31, 1953, to change procedures and may begin with the payments for any month within this time limit.

If the fiscal procedures in any county are such that a modification of the authorization procedure or form is necessary, the county may submit a substitute procedure and form to the SDSW for approval. If the county's procedure and form modified to meet local conditions conforms to the general principles of authorization procedure set forth by the department, contains all necessary information and provides effective controls, the department will approve the procedure and form. Any county wishing to use a modified authorization procedure or form must submit it not later than July 1, 1953, to the SDSW for analysis and decision. Modified procedures and forms shall not be put into operation prior to approval.

Form CA 278, Authorization to Pay, Deny, Suspend, or Discontinue Aid to Needy Children, replaces the present Form CA 201, Certificate of Eligibility, and Form CA 232, Notice of Change. The latter forms and instructions for their use in Manual Sections C-460, 463, 466, 563 and 569 become obsolete when the new Form CA 278 procedure is made operative in a county.

I. GENERAL STATEMENT WITH RESPECT TO PROCEDURES

Disbursement of authorized payments is essentially a machine operation. The payment data for each case to be added to the payroll, and for each case on which the amount of the payment is to be changed, is usually recorded on an addressograph plate or punched on a Hollerith card. (As hereinafter used "plate" connotes either method of recording payment data.) The plates are placed in a file designated as the "Master Deck." This file constitutes the main payroll. As new or reapplications are granted, or assistance is restored, new plates are added to the master deck. As cases are discontinued, plates are taken from it. When an

or on a continuing basis, or when there is a change in participation in a future month. No entry is to be made on this column if application or restoration is granted for all children listed.

Column 5 - NEW AUTHORIZATION - ONE MONTH ONLY - Use of this column is optional with county. It is provided for those counties whose accounting control procedures are such that duplicate payments will not occur and reconciliation will not be adversely affected. The column provides for: (a) change in payment (either increase or decrease) for one future month only and which will either revert to the old amount for the following month, or will be changed to still another amount the following month and (b) payment for a partial month or which will change otherwise the following month. If Column 5 is used, both Columns 4 and 6 also shall be completed, except that no entry would be made in Column 4 if it is payment for a full or partial month for all children listed.

Column 6 - NEW AUTHORIZATION - CONTINUING - This column is used to authorize payment on an application or restoration granted, increase or decrease in continuing payment or change in participation for a future month. This authorization will continue until a subsequent authorization is submitted. If the county does not elect to use Column 5, entries in Column 6 may indicate a one month only payment or change but a second form is required to authorize the change in the following month. Column 4 shall also be completed with Column 6 unless it is an initial payment for all children listed.

Column 7 - ACCOUNTING USE ONLY - If the county elects to disregard Column 5, or if there are no entries in Column 5, this column would be used by the accounting or disbursing unit for an authorization for the coming month which was received too late to be included on the main payroll. In such an instance, the same payment data as shown in Column 6 would be entered in Column 7 for the month subsequent to that shown in Column 6. The payment for the month specified in Column 6 would then be specially written and reflected on a supplemental payroll.

Data for Items 14A through 14E shall be entered in this column if supplemental payment is made or there is a change in participation for the current or past payments. If the number of persons is not affected in a supplemental payment, enter "0" for these items. If persons are added, enter the appropriate plus figure. If change from one status to another is involved, enter both plus and minus figures in the appropriate spaces for the number of persons affected. The months involved shall also be designated.

ITEM 6. - EFFECTIVE - Enter the effective date in each column completed.

ITEM 7. - AMOUNT OF ASSISTANCE TO WHICH ELIGIBLE - Enter in the appropriate column the amount of assistance for which the family is eligible as shown in Item I of the Budget Work Sheet for that month, if it is a Family Budget Unit Case; or the amount of assistance to be paid as indicated in the record for that month, if it is a BHI Case. If the payment is for a partial month, enter the prorated amount.

ITEM 3. FORMER PAYEE - If there is a change in payee or in the name of the payee, enter the name of the payee as it was shown on the last authorization. If there is no change, make no entry. For change of payee for part of the family group, preparation of two forms is required (see instructions for Item 17G).

ITEM 4. COUNTY, CO.# AND ST.# - Enter the name of the county. Entry of the county case number, if any, is optional with the county. Enter the state number assigned to the case.

ITEM 5. CASE NAME - Enter the name of the case as it is identified in the county.

FAMILY BUDGET UNIT - BHI - Check the appropriate box to indicate whether assistance is granted on a family budget unit basis or if the child is in a boarding home or institution. (See Manual Section C-503-A and C-506-A.) This is necessary since claims for reimbursement for these two types of cases are compiled separately.

PAYMENT DATA - This section of the form consists of 7 columns. Use of Column 5 is optional with the county. Column 7 is reserved for use of the accounting unit. Columns 1 through 6 are used to authorize payments for specific months, as follows:

Column 1, 2, and 3 - SUPPLEMENTAL PAYROLL - These columns are used when retroactive initial payment on an application or restoration is authorized, when retroactive or current increase in payment is authorized, when a retroactive decrease in payment (if a warrant has been held and cancelled) is authorized, or when there is a change in federal or state participation for prior months. Column 3 is also used for the current month (the month in which action is being taken) in the same situations, for the coming month when payment is authorized after the county's cut-off date for changing the main payroll, and for the payment authorized for a partial month if the county does not elect to use Column 5. Such payments do not affect the master deck or last main payroll since they are made on a supplementary payroll.

These columns are to be completed in reverse chronological order, Column 3 for the current or most recent month, Column 2 for the next recent month, etc. If more than 3 months supplemental payment is authorized, a second form shall be used, complete in every detail except columns 4, 5 and 6, and shall be stapled to the first page of the form.

Column 4 - LAST AUTHORIZATION - This column is used to inform the disbursing unit that a plate is to be removed from the master deck, i.e., that the persons and the amount of payment are to be deleted from the last main payroll. The entries in this column are taken from Column 6 of the previous form.

This column is completed when payment is discontinued, when increased or decreased in a future month whether for one month only

- Exception for Certain Supplemental Payments - If federal participation less than the maximum was available in a particular previous payment and a supplementary payment for that month is being authorized beyond the period when federal participation would be available in that payment, enter the same amount as is entered in Item 13A.
- ITEM 13A. FEDERAL BASIS ON PREVIOUS PAYMENT - Enter the amount of the federal basis on the previous payment (Item 10) in Columns 1 through 3, if this is a retroactive increase. Enter the federal basis shown on the last authorization in Column 4 if this authorization represents a change in a future payment. Otherwise, enter "0" in the Columns 1 through 3 being completed.
- ITEM 13B. FEDERAL BASIS ON THIS PAYMENT - Enter the amount of the federal basis on this payment to be made (Item 11) in Columns 1 through 3 if this is a retroactive increase. This will be the difference between the amount in Item 13 and the amount in Item 13A. Otherwise, enter the amount of the total federal basis as described in Item 13.
- ITEM 14A. NO. REG. CHILDREN (FED., STATE, CO.) - Enter, in each column completed, the number of children eligible for federal, state, and county participation i.e., who meet federal qualifications (see Sec. C-420) and who have one year of residence in the county. (See Sec. C-403.) If there are no such children, enter "0". (See Sec. C-512 for federal participation in retroactive payments or increases in payment.)
- ITEM 14B. NO. NON-CO. CHILDREN (STATE, FED.) - Enter, in each column completed, the number of children eligible for state and federal participation but not county participation, i.e., who meet federal qualifications but do not have 1 year of residence in the county. If there are no such children, enter "0".
- ITEM 14C. NO. NON-CO. NON-FED. CHILDREN (STATE) - Enter, in each column completed, the number of children ineligible for both federal and county participation, i.e., who do not meet federal qualifications and do not have 1 year of residence in the county. If there are no such children, enter "0".
- ITEM 14D. NO. NON-FED. CHILDREN (STATE, CO.) - Enter, in each column completed, the number of children ineligible for federal participation but eligible for state and county participation, i.e., who do not meet federal qualifications but do have 1 year of residence in the county. If there are no such children, enter "0".
- ITEM 14E. ELIGIBLE RELATIVE - Enter in each column completed, a "1" if there is a needy relative eligible for federal participation. (See Sec. C-439 for definition.) If there is no eligible relative, enter "0".
- ITEM 15A. OTHER ADULTS IN FAMILY BUDGET UNIT - Enter in each column completed, the number of adults in the family budget unit excluding the eligible relative. If there are no other adults included, enter "0".

ITEM 8. OVERPAYMENT TO BE ADJUSTED - Enter the amount of any net overpayment of assistance which occurred in the two months preceding the month of adjustment as shown in Item K of the Budget work sheet. If there is no overpayment, enter "0."

ITEM 9. DIFFERENCE BETWEEN 7 AND 8 - Enter the difference between the amount in Item 8 and the amount in Item 7. This is the adjusted amount of the payment for the particular month.

ITEM 10. AMOUNT PREVIOUSLY AUTHORIZED - Enter in Columns 1 through 3, the amount previously authorized and paid in each month for which action is taken to increase payment retroactively. In all other instances, enter "0" for this item in Columns 1 through 3.

Enter in Column 4 the amount shown in Item 11, Column 6 of the last authorization form, if the action is taken to increase or decrease future payments (either for 1 month only or on a continuing basis), to discontinue payment, or to change participation in future payments.

ITEM 11. AMOUNT TO BE PAID - Enter the difference between the amount in Item 10 and the amount in Item 9. In Columns 1 through 3, this represents the amount of supplemental payment to be made or the amount of the payment to be reissued when a warrant is held and cancelled. In Column 3, this may represent the amount of the entire initial payment for the coming month if the payment is authorized after the county's cut-off date. In Columns 5 and 6, it represents the amount of the total payment and will be the same as the amount in Item 9.

ITEM 12. TOTAL STATE BASIS - Enter the amount of the state participation basis for the total payment for the month. This will be the same as Item 9 unless Item 9 exceeds the maximum state basis for the number of children, in which event the maximum is to be entered. (See Manual of Fiscal Policies and Procedures Sec. F-560.) This will be the total of 12A and 12B if a supplemental payment is made.

ITEM 12A. STATE BASIS ON PREVIOUS PAYMENT - Enter the amount of the state basis on the previous payment (Item 10) in Columns 1 through 3 if this is a retroactive increase. Enter the state basis shown on the last authorization in Column 4 if this authorization represents a change in a future payment. Otherwise, enter "0" in the columns 1 through 3 being completed.

ITEM 12B. STATE BASIS ON THIS PAYMENT - Enter the amount of the state basis on this payment to be made (Item 11) in Columns 1 through 3 if this is a retroactive increase. This will be the difference between the amount in Item 12 and the amount in Item 12A. Otherwise, enter the amount of the total state basis as described in Item 12.

ITEM 13. TOTAL FEDERAL BASIS - Enter the amount of the Federal participation basis for the total payment for the month. This will be the federal basis of the amount in Item 9 based on the number of eligible children and the eligible relative for the particular month. (See Manual of Fiscal Policies and Procedures, Sec. F-560 for participation chart and F-520 for regulations governing federal participation.)

EXAMPLE 3. APPLICATION GRANTED WITH RETROACTIVE INITIAL PAYMENT ON A NON-COUNTY
(Exhibit 3) BASIS - Application was signed June 17, 1952 for three children, one of whom was over 16 and not in school, and all of whom would not have acquired 1 year of county residence until 10-1-52. Due to complications, eligibility was not established and assistance granted until 11-8-52 effective 9-1-52. The mother was included as eligible relative from 11-1-52, the earliest date federal participation was available.

EXAMPLE 4. APPLICATION GRANTED FOR A PARTIAL INITIAL PAYMENT FOR THE CURRENT
(Exhibit 4) MONTH - Application was signed 10-8-52 for three children eligible for federal participation and assistance granted on 10-18-52 effective the date the application was signed. Need totalled \$155 which was pro-rated for 24 days in October and granted in full for November. The mother was included as eligible relative.

B. RESTORATION - Check this item if the action taken restores assistance for any or all of the children listed in Item 16. If this action restores assistance for children in addition to those listed on the last previous authorization, enter the numbers preceding the names of the children in Item 16 who are added in the space "Partial for," and the "Effective" date for including them in the assistance payment.

EXAMPLE 5. RESTORATION GRANTED FOR A PARTIAL FAMILY GROUP, FOR THE CURRENT MONTH,
(Exhibit 5) AFTER THE CUT OFF FOR THE COMING MONTH - Two children and the mother as eligible relative have been receiving assistance on a regular basis. On 10-28-52 restoration of assistance for 1 child ineligible for federal participation is authorized effective 10-1-52. The cut off date for the October payroll was 10-25-52. Assistance payment for the family was increased from \$122 to \$168 effective the same date as the restoration was granted.

C. DISCONTINUED, EFFECTIVE - Check this item if the action taken discontinues assistance for any or all of the children listed in Item 16 and enter the effective date of the discontinuance. If this action does not discontinue assistance for all children listed, enter the numbers preceding the names of the children in Item 16 who are discontinued in the space "Partial for."

The reason for discontinuance shall be coded in both Sections A and B, in accordance with the coding in Section III of the Bulletin. Any required explanation shall be entered in "Remarks."

EXAMPLE 6. DISCONTINUANCE OF ENTIRE FAMILY GROUP - On 10-21-52, assistance for
(Exhibit 6) one child, with the mother included as an eligible relative, is discontinued effective 10-31-52 due to loss of state residence.

EXAMPLE 7. DISCONTINUANCE FOR A PARTIAL FAMILY GROUP - Two children have been
(Exhibit 7) receiving assistance on a regular basis with the mother included as eligible relative in the amount of \$162. On 10-10-52 action is taken to discontinue assistance effective 10-31-52 for the oldest child who was 18 on 10-2-52. The continuing payment is decreased to \$111 effective 11-1-52.

ITEM 15B. OTHER MINORS IN FAMILY BUDGET UNIT - Enter in each column completed, the number of needy minors ineligible for ANC included in the family budget unit. If there are none, enter "0."

ITEM 16. NAMES - Enter the name of the eligible relative (if any) and the names of all children or "unborn," if applicable, for whom action is taken on this document. If there is no eligible relative, leave the line "E/R" blank.

If payment on BHI basis is authorized for more than one child in a family group to the same payee, enter the amount of payment for each individual child following the name.

BIRTHDATES - Enter the date of birth of all children for whom action is taken to grant an application or restoration. Birth-dates are optional for other actions except that date of birth of a child for whom assistance was granted prior to birth shall be entered on the first form prepared after the birth.

ITEM 17. TYPE OF ACTION - Check the appropriate box or boxes to indicate the type of action taken. If more than one action is taken which affects the payment, check all appropriate boxes even though several boxes are checked. Some of the actions may be partial because they affect only one or more of the group of children or eligible relative. Actions which may be partial are granting or restoration of assistance, discontinuance, denial, or change in participation. Those actions which affect the payment of the group and are not partial are increases, decreases, and suspension of payment.

A. APPLICATION SIGNED AND GRANTED - Enter the date the application was signed and check this item if the action taken grants assistance on an application for any or all of the children listed in Item 16. (See Manual Section C-105 for definition of an application.) If this action adds children to the list of those already receiving assistance on the last previous authorization, enter the numbers preceding the names of the children in Item 15, who are added, in the space "Partial for," and the "Effective" date for including them in the assistance payment.

EXAMPLE 1. APPLICATION GRANTED FOR ENTIRE FAMILY GROUP - A new application (Exhibit 1) is signed in September and assistance of \$216 per month is granted for 6 children eligible for federal participation and an eligible relative on any date in October up to the cut off date, effective 10-1-52. (Note, if action were taken after the cut off date, but up to and including October 31, the October payment would be entered in Column 2 November in Column 3, and December in Column 6.)

EXAMPLE 2. APPLICATION GRANTED FOR A PARTIAL FAMILY GROUP - Two children were (Exhibit 2) receiving assistance for three years on a regular basis. In September, the mother applied for assistance for an unborn child which was granted on 10-3-52, effective 10-1-52. The mother was also included as the eligible relative as of the same date and the incapacitated step-father was included in the family budget unit. The payment was increased for the family from \$108 to \$148.

another warrant issued for \$72 to take into consideration the \$45 income in October and the \$45 overpayment in September. At the same time the November payment was decreased to \$117 due to the continuing income.

EXAMPLE 14. DECREASE FOR ONE MONTH ONLY, PAYMENT TO REVERT TO AMOUNT OF LAST
(Exhibit 14) AUTHORIZATION - Two children were receiving payment of \$142 on a regular basis with the mother as eligible relative. On October 18, action was taken to decrease the November payment to \$122 to adjust for an overpayment of \$20 in September. In December the continuing payment reverts to \$142.

EXAMPLE 15. DECREASE FOR ONE MONTH ONLY, PAYMENT TO CHANGE TO AN AMOUNT
(Exhibit 15) DIFFERENT FROM THE LAST AUTHORIZATION IN THE FOLLOWING MONTH - A child was receiving payment of \$96 on a regular basis with the mother as eligible relative. In October it was learned that the family had been overpaid \$10 in September and in October and that income in this amount would continue. The November payment was decreased to \$66 in accordance with the change in the amount of assistance to which the family was eligible and to adjust for the overpayment of \$20 in September and October. The continuing payment was decreased to \$86 effective 12-1-52.

F. SUSPENSION - Check this item if the action authorizes suspension of payment and enter the month for which the warrant was held. No entries are made in any columns in the Payment Data Section.

NOTE. No copies of the form authorizing suspension need be made. The original shall be filed in the case record after the authorizing signature is affixed.

EXAMPLE 16. SUSPENSION OF PAYMENT - The mother of a family receiving assistance
(Exhibit 16) reported in September that she had received personal property as a result of the settlement of an estate. The exact amount of personal property was not immediately obtainable and the October warrant was held pending the determination of eligibility in regard to personal property. Since this determination could not be made before November 1, suspension action was taken.

G. CHANGE IN PARTICIPATION - Check this item if there is a change in the federal, state, or county participation in the total payment, either current, past or future, affected by any or all of the children or the eligible relative, which is not covered by a check in A, B, or C. This is to be explained in "Remarks" and the proper entries made in Items 14A through 14E in the appropriate columns for the months affected. This item is to be checked if:

- (1) There is a change from Reg., Non-co., Non-co. Non-fed., or Non-fed., status to any other of these statuses for any or all of the children,
- (2) An eligible relative is added to or deleted from the family budget unit, or
- (3) One or more children are removed from the family budget unit but assistance is to continue under a different assistance plan.

- D. DENIED - Check this item if the action taken denies the application for any or all of the children listed in Item 16. If this action does not deny application for all children listed, enter the numbers preceding the names of the children who are denied in the space "Partial for."

Enter the reason for denial in Remarks.

EXAMPLE 8. APPLICATION DENIED FOR ENTIRE FAMILY GROUP - On 9-20-52, the mother (Exhibit 8) signed an application for 2 children. Action was taken to deny the application since the children were ineligible due to excess personal property.

EXAMPLE 9. APPLICATION DENIED FOR PARTIAL FAMILY GROUP - On September 5, 1952, (Exhibit 9) application was signed for 3 children, one of whom went to live with grandmother who would provide free home and care on 10-1-52. On 10-6-52, assistance was granted for 2 children with the mother as eligible relative in the amount of \$109 effective 10-1-52. At the same time, application was denied for the child who went to live with the grandmother.

- E. INCREASE OR DECREASE - Check this item if the action authorizes supplemental or retroactive assistance for the current or past months, an increase in the continuing payment, a decrease in the continuing payment, or a held warrant to be cancelled and reissued in a smaller amount.

EXAMPLE 10. RETROACTIVE INCREASE FOR CURRENT MONTH AND INCREASE IN CONTINUING (Exhibit 10) PAYMENT - Two children, one of whom is ineligible for federal participation, with the mother as eligible relative, were receiving payment of \$114. On 10-6-52, assistance was increased effective 10-1-52 to \$162 because of a continuing special need. Supplemental payment of \$48 was made for October and the full payment of \$162 was made on the regular November payroll.

EXAMPLE 11. INCREASE IN CONTINUING PAYMENT - Three children, one of whom is (Exhibit 11) ineligible for federal participation, with the mother as eligible relative were receiving payment of \$81. On 10-22-52, action was taken to increase the payment to \$207 effective 11-1-52 due to change in income.

EXAMPLE 12. DECREASE IN CONTINUING PAYMENT - Two children were receiving (Exhibit 12) assistance of \$137 on a regular basis with the mother as eligible relative. On 10-17-52, action was taken to decrease the payment to \$111 effective 11-1-52 due to a change in need.

EXAMPLE 13. RETROACTIVE DECREASE (WARRANT HELD AND CANCELLED) - Two children, (Exhibit 13) one ineligible for federal participation were receiving payment of \$162. During September it was learned the step-father was contributing. The October warrant was held, and on October 3, determination was made that overpayment of \$45 had occurred in September and that the step-father would continue contribution in this amount. The October warrant for \$162 was cancelled and

ITEM 20. In the spaces provided enter the date and signature of the social worker or social work supervisor to record the date and certification of these persons to the action specified. In the spaces provided for "Authorized Signature" and "Date" record the action by the board of supervisors (signature is that of the county clerk or deputy), or enter the signature of their duly appointed agent, and the date of action by the board or their agent.

III. INSTRUCTIONS FOR CODING REASON FOR DISCONTINUANCE AND MATERIAL CHANGE IN ECONOMIC CIRCUMSTANCES OF CASES DISCONTINUED - FORM CA 278, ITEM 17 C, SECTION A AND SECTION B

SECTION A. REASON FOR DISCONTINUANCE OF AID. Enter the code for the applicable reason for discontinuance which appears first on the list. For example, if discontinuance is due to increased support from several sources, enter the code which appears first on the list. Likewise, if the assistance of several children of one family is discontinued for reasons which differ for the various children, enter the code for the reason appearing first on the list.

CHILD NO LONGER IN NEED DUE TO:

Code 1. Earnings of Father. Enter "1" if the child now receives adequate support from the employment or increased earnings (including earnings from self-employment) of the father.

Code 2. Earnings of Mother. Enter "2" if the child now receives adequate support from the employment or increased earnings (including earnings from self-employment) of the mother.

Code 3. Earnings of Dependent Child. Enter "3" if the child now receives adequate support from the employment or increased earnings (including earnings from self-employment) of one or more of the children who have been receiving ANC. Use this code for discontinuance of assistance because a child was placed in a foster home for work or wage, or because a child entered the armed services.

Code 4. Support by Stepfather. Enter "4" if the child now receives adequate support from the stepfather.

Code 5. Contributions from Others. Enter "5" if the child now receives adequate contributions from persons other than those listed above.

Code 6. Income from Other Sources. Enter "6" if the child now receives adequate income from sources other than those listed for codes 1 through 5. Specify briefly the source of income; e.g., life insurance benefits, military benefits, receipt of Old Age and Survivors Insurance, income from real property, income from investments, under "Remarks."

NOTE: If discontinuance is because of recurrent lump-sum income, enter the appropriate code (1 through 6) to designate the source of the income. Under "Remarks," indicate that it is a lump-sum payment as well as the amount of the lump-sum payment and the period it is expected to meet the recipient's needs.

OTHER REASONS:

Code 7. Subsequent Information Disproves Eligibility Originally Established. Enter "7" if ANC is discontinued because subsequent information indicates that the child was not eligible for the original assistance

(That is, one child is removed to a boarding home, payment to be made to the boarding home mother. In such a case two forms CA 278 would be required, one to change participation and the amount of the payment on the family case and one to name the payee and establish the payment to the new payee for the removed child under the changed plan.)

If the change in participation status is for only part of the persons listed in Item 16, enter E/R or the numbers preceding the names of the children in Item 16, who are affected, and enter the effective date.

EXAMPLE 17. CHANGE IN PARTICIPATION - ELIGIBLE RELATIVE DELETED FROM FAMILY BUDGET

(Exhibit 17) UNIT - Three children were receiving payment of \$183 on a regular basis with the mother as eligible relative. On 10-23-52, the mother entered a TB Sanatorium for extended treatment and the children went to live with the grandmother who was not needy. Action was taken 10-25-52 to decrease the payment and change participation since there was no longer a relative eligible for federal participation.

EXAMPLE 18. CHANGE IN PARTICIPATION - CHILD REMOVED FROM FAMILY BUDGET UNIT BUT ASSIST-

(Exhibit 18A and B) ANCE CONTINUED - Four children, one of whom was ineligible for federal participation, were receiving assistance of \$246 with the mother as eligible relative. On November 1, 1952, the child ineligible for federal participation was placed in a boarding home. On 10-25-52, action was taken (see Exhibit 18A) to remove this child from the payment for the family group and decrease the continuing family payment to \$215. At the same time, action was taken (see Exhibit 18B) to establish payment for the one child to be made to the boarding home mother at the rate of \$60 per month.

EXAMPLE 19. CHANGE IN PARTICIPATION FROM REGULAR TO NON-FEDERAL FOR PART OF THE

(Exhibit 19) CHILDREN IN THE FAMILY GROUP - Four children were receiving assistance of \$189 on a regular basis with the mother as eligible relative. Two 17 year old children terminated school enrollment on 10-10-52 to seek employment. Effective 11-1-52 participation was changed to non-federal for these two children with no change in payment.

REMARKS - Explain the reason for any action taken or give any information necessary to make the action clear. Also enter explanation of reason for discontinuance or change in economic circumstances codes as required on the reverse of the form.

ITEM 18. NON-COUNTY - If there are any children for whom non-county participation is noted for any month in Item 14B or C, enter the date county participation begins, i.e., the date the child will have acquired one year of residence in the county.

If only part of the children listed are "non-county," enter the numbers preceding the names of the children in Item 16 who are "non-county" in the space, "Partial for."

ITEM 19. If assistance is being granted to correct an erroneous denial, check the box immediately preceding "Erroneous Denial" and enter the date the erroneous action was taken. If assistance is being restored in order to correct an erroneous discontinuance, check the box immediately preceding "Erroneous Discontinuance" and enter the effective date of the erroneous discontinuance. If assistance is being granted to carry out an appeal decision by the SSWB, or adjust an appeal which has been filed, but not yet heard or submitted to the SSWB, check the box immediately preceding "Appeal" and enter the date the appeal was signed. If the appeal is the result of an erroneous denial or discontinuance, also check the box immediately preceding "erroneous denial" or "erroneous discontinuance" and enter the date the erroneous action was taken.

Code 16. Child Admitted to Other Public Institution. Enter "16" if assistance is discontinued because child was admitted to a public institution other than a county hospital, such as a state hospital, detention home, or Indian school. Enter the name of the institution under "Remarks."

Code 17. Loss of State Residence. Enter "17" if ineligibility occurs because of removal from the state with loss of state residence.

Code 18. Transferred to Other County. Enter "18" if assistance is discontinued because of transfer to another county under the provisions of W&IC 1527. Enter the name of the county to which transferred under "Remarks." (See Sec. C-412, Procedure for Inter-County Transfers.)

Code 19. Other Reason. Enter "19" if assistance is discontinued for some reason other than those listed above. Under "Remarks," explain the reason or circumstances such as death, marriage of dependent child, etc.

SECTION B. MATERIAL CHANGE IN ECONOMIC CIRCUMSTANCES OF DISCONTINUED CASES (Exclude Death). Complete for all discontinued cases except those discontinued because of death. If two or more codes apply in a given case, enter the one appearing first on the list. If there has been no material change in the family's economic circumstances, enter "10" "No known material change in economic circumstances."

This section is designed to provide information on the number of cases in which there was an increase in the income of the family that would wholly or partly offset the effect of discontinuing assistance. The changes in economic circumstances reported here may or may not be the cause of the discontinuance reported in Section "A." For example, assistance might be discontinued because the father's earnings have made the family ineligible. In this case "1" would be entered in Sec. "A", and "1" would be entered in Sec. "B." On the other hand, if a family became ineligible because of a contribution from a son not receiving assistance and simultaneously the father had an increase in earnings not sufficient in itself to make the family ineligible, "5" would be entered in Sec. "A", and "1" would be entered in Sec. "B", since it appears first on the list.

Unless some preceding item is applicable, cases in which need for assistance has been decreased by the receipt of Old Age and Survivors Insurance, Workmen's Compensation, and Unemployment Insurance are to have "7" or "8" entered in Sec. "B."

Code "10" is not to be entered for cases discontinued for a recurring lump-sum payment. Enter the appropriate code (1 through 9) to designate the source of the income.

Codes 1 - 4. Enter the appropriate code for cases in which need for assistance has decreased as the result of employment or increased earnings (including earnings from self-employment). The increase in earnings may result from higher wages or fuller employment.

payment. Indicate under "Remarks" the specific grounds for ineligibility; e.g., property, residence, deprivation of parental support or care, etc. Explain briefly how and when ineligibility was discovered.

Code 8. Change in Law or Policy. Enter "8" if a change in legal or administrative policy automatically makes the child ineligible at the time of the change although previously the child was eligible. Specify briefly the nature of the change under "Remarks."

Code 9. Child reached Eighteenth Birthday. Enter "9" if assistance is discontinued because the child reached his eighteenth birthday.

Code 10. Father no Longer Incapacitated for Gainful Work. Enter "10" if the child became ineligible because the incapacitated parent is no longer incapacitated for regular full time employment. Do not enter this code if the child is receiving adequate support from the father; in such instances enter Code 1.

Code 11. Do not use this code. It has been left on the form to maintain consistency with Form CA 232, which will continue to be used by some counties.

Code 12. Absent Father Returned. Enter "12" if the absent parent's return to the home renders the child ineligible. Do not enter this code if the child is receiving adequate support from this parent; in such instances enter Code 1 or Code 6.

Code 13. Refusal After Acceptance to Comply with Established Regulations. Enter "13" if assistance is discontinued because of refusal to comply with established regulations; e.g., refusal to supply information, refusal of reasonable employment or vocational rehabilitation training, etc., and specify what is refused under "Remarks."

Code 14. Excess Assets Acquired Subsequent to Approval. Enter "14" if assistance is discontinued because the child or parents have come into possession of real property, cash, or securities in excess of that permitted under the ANC law. Specify whether real or personal property under "Remarks." If personal property, show type and value of total holdings subject to consideration (See Sec. C-327, Definition of Personal Property, for distinction between personal property and income).

Code 15. Child in County Hospital. Enter "15" if assistance is discontinued either (1) because the child was admitted to a county hospital or (2) because the child has been in a county hospital for more than two months. Specify which under "Remarks," and enter the date of admission.

increased support from persons not living in the home, except as reported by codes "1" and "2". This includes support from relatives who have not previously contributed; it includes not only support from relatives whose ability to contribute has increased, but also those who without any change in circumstances have assumed more responsibility for support. Include cases in which need has decreased because of free care in a foster-family home.

Code 8. Increase in Other Resources of Person in Home. Enter "8" for cases in which the child's need for assistance has decreased because of resources of any person in the home other than those specified in items above. Life insurance benefits (other than military insurance), the inheritance of property or money, the receipt of Old Age and Survivors Insurance, the sale of property, and increased income from investments of real or personal property, are examples of resources to be included here.

Do not include the following:

- a. Resources if the resources were available when assistance was approved, and assistance would not have been granted had the resources been known to exist; for such cases use "10", "No known material change in economic circumstances."
- b. Cases in which the value of real or personal property has increased beyond the legal maximum, but need is not materially reduced by the income; for such cases enter "10", "No material change in economic circumstances."

Code 9. Other Material Change in Economic Circumstances. Enter "9" for cases in which the child's need for assistance has decreased for reasons other than those specified above. Examples of cases to be included here are:

- a. Cases in which need has decreased with no increase in resources.
- b. Cases in which need has decreased because of marriage of a dependent child.
- c. Cases in which the family's need for assistance has decreased because of support from earnings or other resources of other persons in the home, if such earnings or other resources have not increased.

Code 10. No Known Material Change in Economic Circumstances. Enter "10" for cases in which there is no known change in the economic circumstances of cases discontinued.

Very sincerely yours,

Charles I. Schottland

Charles I. Schottland
Director

Attachment

Do not use codes "1" through "4" for cases in which the family's need for assistance has decreased because of support from earnings or other resources of other persons in the home, if such earnings or resources have not increased. Use Code "9" for such cases.

Code 1. Father or Person Acting in His Place. Enter "1" for cases in which the child's need for assistance has decreased because of the employment or increased earnings of father or the person acting in his place. For the purpose of this report, the person acting in the father's place is defined as the person who has been carrying paternal responsibility. Such person, therefore, is not necessarily the payee.

Code 2. Mother or Person Acting in Her Place. Enter "2" for cases in which the child's need for assistance has decreased because of the employment or increased earnings of the mother or the person acting in her place. For the purpose of this report, the person acting in the mother's place is defined as the person who has been carrying parental responsibility. Such person, therefore, is not necessarily the payee.

Code 3. Dependent Child. Enter "3" for cases in which the child's need for assistance has decreased because of the employment or increased earnings of a child who has been receiving assistance. Include children placed in foster family homes for work or wage and children who enlist in the armed services.

Code 4. Other Person in Home. Enter "4" for cases in which the child's need for assistance has decreased because of employment or increased earnings of any person in the home other than those specified above.

OTHER CHANGES:

Code 5. Support by Remarriage of Parent. Enter "5" for cases in which the child's need for assistance has decreased because of remarriage of the parent or the person acting in the parent's place, including the marriage of an unmarried mother.

Code 6. Allowance, Pension, or Other Payment Connected with Military Service Received by Person in Home. Enter "6" for cases in which the child's need for assistance has decreased through the receipt, by any person in the home, of an allowance, pension, or other payment connected with military service, which is given on the basis of service or disability. Include here allowances, death gratuities, military insurance, and disability benefits, not only to persons in the armed forces and their dependents, but also to civilian employees and their dependents, as provided for in veterans legislation; pensions to widows and orphans of veterans of World War I; and payments under the Servicemen's Readjustment Act of 1944 (commonly known as the GI Bill).

Code 7. Increased Support from Person Outside Home. Enter "7" for cases in which the child's need for assistance has decreased by reason of

AID TO NEEDY CHILDREN

CODES FOR REASON FOR DISCONTINUANCE AND MATERIAL CHANGE IN ECONOMIC CIRCUMSTANCES
(To be entered in Item 17C on Form Ca 278)

Section A. REASON FOR DISCONTINUANCE OF AID

(Enter opposite "Sec. A" in Item 17C of Form Ca 278, the
code for the applicable item appearing first on list)

NOW RECEIVING ADEQUATE CARE DUE TO:

1. Earnings of father
2. Earnings of mother
3. Earnings of dependent child
4. Support by stepfather
5. Contribution from others
6. Income from other sources - specify source under REMARKS

OTHER REASONS:

7. Subsequent information disproves eligibility originally established
8. Change in law or policy - specify the change under REMARKS
9. Child reached eighteenth birthday
10. Father no longer incapacitated for gainful work
11. (Do not use this code*)
12. Absent father returned
13. Refusal after acceptance to comply with established regulation - specify the regulation under REMARKS
14. Excess assets acquired subsequent to approval
15. Child in county hospital
16. Child admitted to other public institution - specify name of institution under REMARKS
17. Loss of State residence
18. Transferred to other County - specify County under REMARKS
19. Other reason - specify reason under REMARKS

Section B. MATERIAL CHANGE IN ECONOMIC CIRCUMSTANCES OF DISCONTINUED CASES

(Exclude Death) (Enter opposite "Sec. B" in Item 17C of Form Ca 278 the
code for the applicable item appearing first on list.)

EMPLOYMENT OR INCREASED EARNINGS OF:

1. Father or person acting in his place
2. Mother or person acting in her place
3. Dependent child
4. Other person in home

OTHER CHANGES:

5. Support by remarriage of parent
6. Allowance, pension, or other payment connected with military service received by person in home
7. Increased support from person outside home (other than that reported in Items 1 and 2)
8. Increase in other resources of person in home
9. Other material change in economic circumstances (including decreased need without change in resources)
10. No known material changes in economic circumstances

*Code number has been left on the form to maintain consistency with Form Ca 232, which will continue to be used by some counties.

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO NEEDY CHILDREN

1. PAYEE Minnie Smith

2. ADDRESS 2468 Acacia St - Sacto

3. FORMER PAYEE _____

4. COUNTY Sacto CO.# 3612 ST.# 7119
If Transfer, Former County _____

5. CASE NAME Smith
☒ FAMILY BUDGET UNIT ☐ BHI

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month - Day - Year			10-1-52	XXXXXXXXXX		11-1-52	
7. Amount of Assistance to which Eligible Item I CA 241			216	XXXXXXXXXX		216	
8. Overpayment to be Adjusted Item K CA 241			0	XXXXXXXXXX		0	
9. Difference Between 7 & 8			216	XXXXXXXXXX		216	
10. Amount Previously Authorized			0		XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
11. Amount to be Paid			216	XXXXXXXXXX		216	
12. Total State Basis			216	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
A. State Basis on Previous Payment			0		XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
B. State Basis on This Payment			216	XXXXXXXXXX		216	
13. Total Federal Basis			165	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
A. Fed. Basis on Previous Payment			0		XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
B. Fed. Basis on This Payment			165	XXXXXXXXXX		165	
14. A. No. Reg. Children (Fed., State, Co.)			6			6	
B. No. Non-Co. Children (State, Fed.)			0			0	
C. No. Non-Co. Non-Fed. Children (State)			0			0	
D. No. Non-Fed. Children (State, Co.)			0			0	
E. Eligible Relative			1			1	
15. A. Other Adults in Family Budget Unit			0			0	
B. Other Minors in Family Budget Unit			0			0	

16. Names
E/R Minnie
(1) Clement
(2) Ernestine
(3) Eloise
(4) Harold
(5) Percy
(6) Larry
(7) _____

Birthdate
XXXXXXXXXXXXXX
6-3-36
9-16-38
12-21-41
3-9-43
5-31-45
7-6-47

17. Type of Action
☒ A. Application Signed 9-9-52
and Granted
Partial for _____
Effective _____
☐ B. Restoration Granted
Partial for _____
Effective _____
☐ C. Discontinued effective _____
Partial for _____
Sec A. Code _____
Sec B. Code _____

☐ D. Application Denied
Partial for _____
☐ E. Increase or Decrease
☐ F. Suspension
(Warrant held from _____)
☐ G. Change in Participation
Partial for _____
Effective _____

Remarks

Father in mental institution

18. Non-County: County Participation Begins _____ Partial, for _____

19. ☐ Erroneous Denial Date _____ ☐ Erroneous Disc. Date _____ ☐ Appeal Date Signed _____

20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

Signature of Social Worker
10-3-52
Date

Signature of Social Work Supervisor or Director
10-6-52
Date

AUTHORIZED by the County of Sacto This Date 10-8-52
Signed _____

Authorized Signature
EXHIBIT 1

AUTHORIZATION ☒ PAY, DENY, SUSPEND, OR DISCONTINUE AID TO NEEDY CHILDREN

1. PAYEE Wanda Watson
 2. ADDRESS 2615 Elm Street - Sacto
 3. FORMER PAYEE _____

4. COUNTY Sacto CO.# 3061 ST.# 6998
 If Transfer, Former County _____
 5. CASE NAME Watson
☒ FAMILY BUDGET UNIT ☐ BHI

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month - Day - Year			10-1-52	XXXXXXXXXX		11-1-52	
7. Amount of Assistance to which Eligible Item I CA 241			148	XXXXXXXXXX		148	
8. Overpayment to be Adjusted Item K CA 241			0	XXXXXXXXXX		0	
9. Difference Between 7 & 8			148	XXXXXXXXXX		148	
10. Amount Previously Authorized			108	108	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
11. Amount to be Paid			40	XXXXXXXXXX		148	
12. Total State Basis			148	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
A. State Basis on Previous Payment			108	108	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
B. State Basis on This Payment			40	XXXXXXXXXX		148	
13. Total Federal Basis			102	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
A. Fed. Basis on Previous Payment			51	51	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
B. Fed. Basis on This Payment			51	XXXXXXXXXX		102	
14. A. No. Reg. Children (Fed., State, Co.)			3	2		3	+ 1 Oct.
B. No. Non-Co. Children (State, Fed.)			0	0		0	
C. No. Non-Co. Non-Fed. Children (State)			0	0		0	
D. No. Non-Fed. Children (State, Co.)			0	0		0	
Eligible Relative			1	0		1	+ 1 Oct.
15. A. Other Adults in Family Budget Unit							
B. Other Minors in Family Budget Unit							
16. Names	Birthdate		17. Type of Action				
Wanda	XXXXXXXXXXXXXX		☒ A. Application Signed and Granted Partial for Effective <u>9-16-52</u> <u>#3</u> <u>10-1-52</u>				
Michael			☐ B. Restoration Granted Partial for Effective _____				
Orval			☐ C. Discontinued effective Partial for _____				
Unborn			Sec A. Code _____ Sec B. Code _____				
			☐ D. Application Denied Partial for _____				
			☒ E. Increase or Decrease				
			☐ F. Suspension (Warrant held from _____)				
			☒ G. Change in Participation Partial for <u>E/R</u> Effective <u>10-1-52</u>				

Remarks **Assistance granted for the unborn child and the mother and incapacitated step-father included in the F. B. U. effective 10-1-52.**

18. Non-County: County Participation Begins _____ Partial, for _____
 19. ☐ Erroneous Denial Date _____ ☐ Erroneous Disc. Date _____ ☐ Appeal Date Signed _____

20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.
9-23-52 9-29-52

Signature of Social Worker Sacto Date _____ Signature of Social Work Supervisor or Director _____ Date _____
 AUTHORIZED by the County of _____ This Date 10-3-52
 Signed _____ Authorized Signature _____

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO NEEDY CHILDREN

1. PAYEE Joyce Winton

4. COUNTY Sacto CO.# 3926 ST.# 7226
If Transfer, Former County _____

2. ADDRESS 1864 Plane St - Sacto

5. CASE NAME Winton

☒ FAMILY BUDGET UNIT
☐ BHI

3. FORMER PAYEE _____

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month - Day - Year	<u>9-1-52</u>	<u>10-1-52</u>	<u>11-1-52</u>	XXXXXXXXXXXX		<u>12-1-52</u>	
7. Amount of Assistance to which Eligible Item I CA 241	<u>190</u>	<u>190</u>	<u>190</u>	XXXXXXXXXX		<u>190</u>	
8. Overpayment to be Adjusted Item K CA 241	<u>0</u>	<u>0</u>	<u>0</u>	XXXXXXXXXX		<u>0</u>	
9. Difference Between 7 & 8	<u>190</u>	<u>190</u>	<u>190</u>	XXXXXXXXXX		<u>190</u>	
10. Amount Previously Authorized	<u>0</u>	<u>0</u>	<u>0</u>		XXXXXXXXXXXX	XXXXXXXXXXXX	
11. Amount to be Paid	<u>190</u>	<u>190</u>	<u>190</u>	XXXXXXXXXX		<u>190</u>	
12. Total State Basis	<u>190</u>	<u>190</u>	<u>190</u>	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
A. State Basis on Previous Payment	<u>0</u>	<u>0</u>	<u>0</u>		XXXXXXXXXXXX	XXXXXXXXXXXX	
B. State Basis on This Payment	<u>190</u>	<u>190</u>	<u>190</u>	XXXXXXXXXX		<u>190</u>	
13. Total Federal Basis	<u>0</u>	<u>0</u>	<u>81</u>	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
A. Fed. Basis on Previous Payment	<u>0</u>	<u>0</u>	<u>0</u>		XXXXXXXXXXXX	XXXXXXXXXXXX	
B. Fed. Basis on This Payment	<u>0</u>	<u>0</u>	<u>81</u>	XXXXXXXXXX		<u>81</u>	
14. A. No. Reg. Children (Fed., State, Co.)	<u>0</u>	<u>0</u>	<u>2</u>			<u>2</u>	
B. No. Non-Co. Children (State, Fed.)	<u>0</u>	<u>0</u>	<u>0</u>			<u>0</u>	
C. No. Non-Co. Non-Fed. Children (State)	<u>3</u>	<u>0</u>	<u>0</u>			<u>0</u>	
D. No. Non-Fed. Children (State, Co.)	<u>0</u>	<u>3</u>	<u>1</u>			<u>1</u>	
E. Eligible Relative	<u>0</u>	<u>0</u>	<u>1</u>			<u>1</u>	
15. A. Other Adults in Family Budget Unit	<u>0</u>	<u>0</u>	<u>0</u>			<u>0</u>	
B. Other Minors in Family Budget Unit	<u>0</u>	<u>0</u>	<u>0</u>			<u>0</u>	

16. Names Birthdate

17. Type of Action

E/R Joyce XXXXXXXXXXXXXX

(1) Carl 1-16-35

(2) Noble 4-8-40

(3) Eva 1-9-45

(4) _____

(5) _____

(6) _____

(7) _____

☒ A. Application Signed and Granted Partial for Effective 6-17-52

☐ B. Restoration Granted Partial for Effective _____

☐ C. Discontinued effective Partial for _____

Sec A. Code _____
Sec B. Code _____

☐ D. Application Denied Partial for _____

☐ E. Increase or Decrease _____

☐ F. Suspension (Warrant held from _____)

☐ G. Change in Participation Partial for Effective _____

Remarks

18. Non-County: County Participation Begins 10-1-52 Partial, for _____

19. ☐ Erroneous Denial Date _____ ☐ Erroneous Disc. Date _____ ☐ Appeal Date Signed _____

20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

Signature of Social Worker _____
AUTHORIZED by the County of _____

11-2-52
Date

Signature of Social Work Supervisor or Director _____
This Date 11-8-52
Signed _____

11-6-52
Date

Authorized Signature

EXHIBIT 3

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO NEEDY CHILDREN

1. PAYEE Ann Fillmore

2. ADDRESS 3232 Willow St - Sacto

3. FORMER PAYEE _____

4. COUNTY Sacto CO.# 2777 ST.# 6372
If Transfer, Former County _____

5. CASE NAME Fillmore

☒ FAMILY BUDGET UNIT
 ☐ BHI

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month - Day - Year			10-8-52	XXXXXXXXXX		11-1-52	
7. Amount of Assistance to which Eligible Item I CA 241			120	XXXXXXXXXX		155	
8. Overpayment to be Adjusted Item K CA 241			0	XXXXXXXXXX		0	
9. Difference Between 7 & 8			120	XXXXXXXXXX		155	
10. Amount Previously Authorized			0		XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
11. Amount to be Paid			120	XXXXXXXXXX		155	
12. Total State Basis			120	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
A. State Basis on Previous Payment			0		XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
B. State Basis on This Payment			120	XXXXXXXXXX		155	
13. Total Federal Basis			102	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
A. Fed. Basis on Previous Payment			0		XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
B. Fed. Basis on This Payment			102	XXXXXXXXXX		102	
14. A. No. Reg. Children (Fed., State, Co.)			3			3	
B. No. Non-Co. Children (State, Fed.)			0			0	
C. No. Non-Co. Non-Fed. Children (State)			0			0	
D. No. Non-Fed. Children (State, Co.)			0			0	
E. Eligible Relative			1			1	
15. A. Other Adults in Family Budget Unit			0			0	
B. Other Minors in Family Budget Unit			0			0	
16. Names Birthdate				17. Type of Action			
E/R <u>Ann</u> <u>XXXXXXXXXXXXXX</u>				☒ A. Application Signed <u>10-8-52</u> and Granted Partial for Effective _____			
(1) <u>Kernit</u> <u>6-26-36</u>				☐ D. Application Denied Partial for _____			
(2) <u>Eugene</u> <u>10-27-40</u>				☐ E. Increase or Decrease			
(3) <u>Roger</u> <u>4-5-44</u>				☐ B. Restoration Granted Partial for Effective _____			
(4) _____				☐ F. Suspension (Warrant held from _____)			
(5) _____				☐ C. Discontinued effective _____ Partial for _____			
(6) _____				☐ G. Change in Participation Partial for _____			
(7) _____				Sec A. Code _____ Sec B. Code _____			
				Effective _____			

Remarks

Assistance granted from date of application.

18. Non-County: County Participation Begins _____ Partial, for _____

19. ☐ Erroneous Denial Date _____ ☐ Erroneous Disc. Date _____ ☐ Appeal Date Signed _____

20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

10-15-52

10-16-52

Signature of Social Worker _____ Date _____

Signature of Social Work Supervisor or Director _____ Date _____

AUTHORIZED by the County of Sacto

This Date 10-18-52

Signed _____

Authorized Signature

Form CA 278, December 1952

EXHIBIT 4

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO NEEDY CHILDREN

1. PAYEE Anna Lewis

2. ADDRESS 463 Eucalyptus St - Sacto

3. FORMER PAYEE _____

4. COUNTY Sacto CO.# 2276 ST.# 6327
If Transfer, Former County _____

5. CASE NAME Lewis
☒ FAMILY BUDGET UNIT ☐ BHI

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month - Day - Year		10-1-52	11-1-52	XXXXXXXXXX		12-1-52	
7. Amount of Assistance to which Eligible Item I CA 241		168	168	XXXXXXXXXX		168	
8. Overpayment to be Adjusted Item K CA 241		0	0	XXXXXXXXXX		0	
9. Difference Between 7 & 8		168	168	XXXXXXXXXX		168	
10. Amount Previously Authorized		122	122	122	XXXXXXXXXX	XXXXXXXXXX	
11. Amount to be Paid		46	46	XXXXXXXXXX		168	
12. Total State Basis		168	168	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	
A. State Basis on Previous Payment		122	122	122	XXXXXXXXXX	XXXXXXXXXX	
B. State Basis on This Payment		46	46	XXXXXXXXXX		168	
13. Total Federal Basis		81	81	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	
A. Fed. Basis on Previous Payment		81	81	81	XXXXXXXXXX	XXXXXXXXXX	
B. Fed. Basis on This Payment		0	0	XXXXXXXXXX		81	
14. A. No. Reg. Children (Fed., State, Co.)		2	2	2		2	Oct., Nov.
B. No. Non-Co. Children (State, Fed.)		0	0	0		0	
C. No. Non-Co. Non-Fed. Children (State)		0	0	0		0	
D. No. Non-Fed. Children (State, Co.)		1	1	0		1	Oct., Nov.
15. E. Eligible Relative		1	1	1		1	Oct., Nov.
A. Other Adults in Family Budget Unit		0	0	0		0	
B. Other Minors in Family Budget Unit		0	0	0		0	

16. Names	Birthdate	17. Type of Action
E/R <u>Anna</u>	XXXXXXXXXXXXXX	☐ A. Application Signed and Granted Partial for Effective _____
(1) <u>Freddie</u>		☐ D. Application Denied Partial for _____
(2) <u>Timothy</u>		☒ E. Increase or Decrease
(3) <u>Alice</u>	1-6-35	☒ B. Restoration Granted Partial for Effective <u>10-1-52</u>
(4) _____		☐ F. Suspension (Warrant held from _____)
(5) _____		☐ C. Discontinued effective Partial for _____
(6) _____		☐ G. Change in Participation Partial for Effective _____
(7) _____		Sec A. Code _____ Sec B. Code _____

Remarks

Alice returned home September 29.

18. Non-County: County Participation Begins _____ Partial, for _____

19. ☐ Erroneous Denial Date _____ ☐ Erroneous Disc. Date _____ ☐ Appeal Date Signed _____

20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

10-24-52

10-26-52

Signature of Social Worker Sacto Date _____

Signature of Social Work Supervisor or Director _____ Date _____

AUTHORIZED by the County of _____ This Date _____

Signed _____

Authorized Signature **EXHIBIT 5**

Form CA 278, December 1952

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO NEEDY CHILDREN

1. PAYEE Donna Young

2. ADDRESS 2122 Redwood St - Sacto

3. FORMER PAYEE _____

4. COUNTY Sacto CO.# 1679 ST.# 5241
 If Transfer, Former County _____

5. CASE NAME Young

☒ FAMILY BUDGET UNIT ☐ BEN

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month - Day - Year				XXXXXXXXXX			
7. Amount of Assistance to which Eligible Item I CA 241				XXXXXXXXXX			
8. Overpayment to be Adjusted Item K CA 241				XXXXXXXXXX			
9. Difference Between 7 & 8				XXXXXXXXXX			
10. Amount Previously Authorized				118	XXXXXXXXXXXX	XXXXXXXXXXXX	
11. Amount to be Paid				XXXXXXXXXX			
12. Total State Basis				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
A. State Basis on Previous Payment				111	XXXXXXXXXXXX	XXXXXXXXXXXX	
B. State Basis on This Payment				XXXXXXXXXX			
13. Total Federal Basis				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
A. Fed. Basis on Previous Payment				60	XXXXXXXXXXXX	XXXXXXXXXXXX	
B. Fed. Basis on This Payment				XXXXXXXXXX			
14. A. No. Reg. Children (Fed., State, Co.)				1			
B. No. Non-Co. Children (State, Fed.)				0			
C. No. Non-Co. Non-Fed. Children (State)				0			
D. No. Non-Fed. Children (State, Co.)				0			
E. Eligible Relative				1			
15. A. Other Adults in Family Budget Unit				0			
B. Other Minors in Family Budget Unit				0			

16. Names	Birthdate	17. Type of Action
E/R <u>Donna</u>	XXXXXXXXXXXX	☐ A. Application Signed and Granted Partial for Effective _____
(1) <u>Lucille</u>		☐ B. Restoration Granted Partial for Effective _____
(2) _____		☒ C. Discontinued effective <u>10-31-52</u> Partial for _____
(3) _____		Sec A. Code <u>17</u>
(4) _____		Sec B. Code <u>10</u>
(5) _____		☐ D. Application Denied Partial for _____
(6) _____		☐ E. Increase or Decrease
(7) _____		☐ F. Suspension (Warrant held from _____)
		☐ G. Change in Participation Partial for Effective _____

Remarks Mother and child left California 10-16-52 to reside permanently with maternal grandparents in Utah.

18. Non-County: County Participation Begins _____ Partial, for _____

19. ☐ Erroneous Denial Date _____ ☐ Erroneous Disc. Date _____ ☐ Appeal Date Signed _____

20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

10-20-52 10-21-52

Signature of Social Worker _____ Date _____ Signature of Social Work Supervisor or Director _____ Date _____

AUTHORIZED by the County of Sacto This Date 10-21-52

Signed _____

Authorized Signature **EXHIBIT 6**

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO NEEDY CHILDREN

1. PAYEE Dora Dittmer

4. COUNTY Sacto CO.# 2001 ST.# 5924
If Transfer, Former County _____

2. ADDRESS 606 Aspen St Sacto

5. CASE NAME Dittmer

☒ FAMILY BUDGET UNIT
☐ BHI

3. FORMER PAYEE _____

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month - Day - Year				XXXXXXXXXXXX		<u>11-1-52</u>	
7. Amount of Assistance to which Eligible Item I CA 241				XXXXXXXXXXXX		<u>111</u>	
8. Overpayment to be Adjusted Item K CA 241				XXXXXXXXXXXX		<u>0</u>	
9. Difference Between 7 & 8				XXXXXXXXXXXX		<u>111</u>	
10. Amount Previously Authorized				<u>162</u>	XXXXXXXXXXXX	XXXXXXXXXXXX	
11. Amount to be Paid				XXXXXXXXXXXX		<u>111</u>	
12. Total State Basis				XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
A. State Basis on Previous Payment				<u>162</u>	XXXXXXXXXXXX	XXXXXXXXXXXX	
B. State Basis on This Payment				XXXXXXXXXXXX		<u>111</u>	
13. Total Federal Basis				XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
A. Fed. Basis on Previous Payment				<u>81</u>	XXXXXXXXXXXX	XXXXXXXXXXXX	
B. Fed. Basis on This Payment				XXXXXXXXXXXX		<u>60</u>	
14. A. No. Reg. Children (Fed., State, Co.)				<u>2</u>		<u>1</u>	
B. No. Non-Co. Children (State, Fed.)				<u>0</u>		<u>0</u>	
C. No. Non-Co. Non-Fed. Children (State)				<u>0</u>		<u>0</u>	
D. No. Non-Fed. Children (State, Co.)				<u>0</u>		<u>0</u>	
15. E. Eligible Relative				<u>1</u>		<u>1</u>	
A. Other Adults in Family Budget Unit				<u>0</u>		<u>0</u>	
B. Other Minors in Family Budget Unit				<u>0</u>		<u>0</u>	

16. Names	Birthdate	17. Type of Action
E/R <u>Dora</u>	XXXXXXXXXXXX	☐ A. Application Signed and Granted Partial for Effective _____ ☐ B. Restoration Granted Partial for Effective _____ ☒ C. Discontinued effective <u>10-31-52</u> Partial for <u>#1</u> Sec A. Code <u>9</u> Sec B. Code <u>10</u>
(1) <u>Douglas</u>		☐ D. Application Denied Partial for _____ ☒ E. Increase or Decrease ☐ F. Suspension (Warrant held from _____) ☐ G. Change in Participation Partial for Effective _____
(2) <u>Dorothy</u>		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		

Remarks

Douglas 18 yrs old on 10-2-52

18. Non-County: County Participation Begins _____ Partial, for _____

19. ☐ Erroneous Denial Date _____ ☐ Erroneous Disc. Date _____ ☐ Appeal Date Signed _____

20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

Signature of Social Worker

10-4-52

Date

Signature of Social Work Supervisor or Director

10-8-52

Date

AUTHORIZED by the County of Sacto

This Date 10-10-52
Signed _____

Authorized Signature

EXHIBIT 7

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO NEEDY CHILDREN

1. PAYEE **John Carley** 2. ADDRESS **444 Magnolia St - Sacto** 3. FORMER PAYEE
4. COUNTY **Sacto** CO.# **3219** ST.# **5431** 5. CASE NAME **Carley** ☒ FAMILY BUDGET UNIT ☐ BMT

Payment Data for Months Specified Below					
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
SUPPLEMENTAL PAYROLL					
Last Authorization			New Authorization		
One Month Only			Continuing		
Use Only			Accounting		
Column 7	Column 6	Column 5	Column 4	Column 3	Column 2

6. Effective - Month - Day - Year	7. Amount of Assistance to which Eligible Item I CA 241	8. Overpayment to be Adjusted Item K CA 241	9. Difference Between 7 & 8	10. Amount Previously Authorized	11. Amount to be Paid	12. Total State Basis	13. Total Federal Basis	14. A. Fed. Basis on Previous Payment	15. B. Fed. Basis on This Payment	16. A. No. Reg. Children (Fed., State, Co.)	17. D. No. Non-Co. Children (State, Fed.)	18. C. No. Non-Co. Non-Fed. Children (State)	19. D. No. Non-Fed. Children (State, Co.)	20. E. Eligible Relative	21. A. Other Adults in Family Budget Unit	22. B. Other Minors in Family Budget Unit
XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX							

16. Names	17. Birthdate	17. Type of Action	18. A. Application Signed and Granted Partial for Effective	19. B. Restoration Granted Partial for Effective	20. C. Discontinued effective Partial for	21. Sec A. Code	22. Sec B. Code	23. D. Application Denied Partial for	24. E. Increase or Decrease	25. F. Suspension (Warrant held from	26. G. Change in Participation Partial for	27. Effective
Rosemarie	XXXXXXXXXXXX		☒									
Marilyn												

Notes reported that on 10-2-52 she rec'd \$1200 cash as beneficiary of insurance. Excess personal property.

18. Non-County: County Participation Begins Partial, for
19. ☐ Erroneous Denial Date ☐ Erroneous Disc. Date ☐ Appeal Date Signed
20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

Signature of Social Worker **Sacto** Date **10-5-52**
Signature of Social Work Supervisor or Director **10-5-52** Date
This Date Signed
Authorized Signature
EXHIBIT 8
Form CA 278, December 1952

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO NEEDY CHILDREN

1. PAYEE Mae Crabb

2. ADDRESS 409 Maple St - Sacto

3. FORMER PAYEE _____

4. COUNTY Sacto CO.# 3262 ST.# 5614
If Transfer, Former County _____

5. CASE NAME Crabb

☒ FAMILY BUDGET UNIT
 ☐ BHI

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting
					One Month Only	Continuing	Use Only
6. Effective - Month - Day - Year			10-1-52	XXXXXXXXXX		11-1-52	
7. Amount of Assistance to which Eligible Item I CA 241			109	XXXXXXXXXX		109	
8. Overpayment to be Adjusted Item K CA 241			0	XXXXXXXXXX		0	
9. Difference Between 7 & 8			109	XXXXXXXXXX		109	
10. Amount Previously Authorized			0		XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
11. Amount to be Paid			109	XXXXXXXXXX		109	
12. Total State Basis			109	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
A. State Basis on Previous Payment			0		XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
B. State Basis on This Payment			109	XXXXXXXXXX		109	
13. Total Federal Basis			81	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
A. Fed. Basis on Previous Payment			0		XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
B. Fed. Basis on This Payment			81	XXXXXXXXXX		81	
14. A. No. Reg. Children (Fed., State, Co.)			2			2	
B. No. Non-Co. Children (State, Fed.)			0			0	
C. No. Non-Co. Non-Fed. Children (State)			0			0	
D. No. Non-Fed. Children (State, Co.)			0			0	
E. Eligible Relative			1			1	
15. A. Other Adults in Family Budget Unit			0			0	
B. Other Minors in Family Budget Unit			0			0	

16. Names	Birthdate	17. Type of Action
E/R <u>Mae</u>	XXXXXXXXXXXXXX	☒ A. Application Signed <u>9-5-52</u> and Granted Partial for <u>1 & 2</u> Effective _____
(1) <u>Willard</u>	<u>6-3-45</u>	☐ B. Restoration Granted Partial for _____ Effective _____ ☐ C. Discontinued effective _____ Partial for _____ Sec A. Code _____ Sec B. Code _____
(2) <u>Wallace</u>	<u>7-9-48</u>	
(3) <u>Winifred</u>		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
		☒ D. Application Denied Partial for <u>#3</u> ☐ E. Increase or Decrease ☐ F. Suspension (Warrant held from _____) ☐ G. Change in Participation Partial for _____ Effective _____

Remarks

On 10-1-52 Winifred went to the home of her maternal grandparents who will care for her until after the first of next year.

18. Non-County: County Participation Begins _____ Partial, for _____

19. ☐ Erroneous Denial Date _____

☐ Erroneous Disc. Date _____

☐ Appeal Date Signed _____

20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

10-1-52

10-3-52

Signature of Social Worker _____ Date _____

Sacto

10-6-52

AUTHORIZED by the County of _____

This Date _____

Signed _____

Authorized Signature

EXHIBIT 9

Form CA 278, December 1952

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO NEEDY CHILDREN

1. PAYEE **Ethel Noonan**

2. ADDRESS **1127 Chestnut St - Sacto**

3. FORMER PAYEE

4. COUNTY **Sacto** CO.# **2116** ST.# **5724**
If Transfer, Former County

5. CASE NAME **Noonan**

☒ FAMILY BUDGET UNIT
 ☐ BHI

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month - Day - Year			10-1-52	XXXXXXXXXX		11-1-52	
7. Amount of Assistance to which Eligible Item I CA 241			162	XXXXXXXXXX		162	
8. Overpayment to be Adjusted Item K CA 241			0	XXXXXXXXXX		0	
9. Difference Between 7 & 8			162	XXXXXXXXXX		162	
10. Amount Previously Authorized			114	114	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
11. Amount to be Paid			48	XXXXXXXXXX		162	
12. Total State Basis			162	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
A. State Basis on Previous Payment			114	114	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
B. State Basis on This Payment			48	XXXXXXXXXX		162	
13. Total Federal Basis			60	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
A. Fed. Basis on Previous Payment			60	60	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
B. Fed. Basis on This Payment			0	XXXXXXXXXX		60	
14. A. No. Reg. Children (Fed., State, Co.)			1	1		1	0 Oct
B. No. Non-Co. Children (State, Fed.)			0	0		0	
C. No. Non-Co. Non-Fed. Children (State)			0	0		0	
D. No. Non-Fed. Children (State, Co.)			1	1		1	0 Oct
E. Eligible Relative			1	1		1	0 Oct
15. A. Other Adults in Family Budget Unit			0	0		0	
B. Other Minors in Family Budget Unit			0	0		0	
16. Names	Birthdate		17. Type of Action				
E/R Ethel	XXXXXXXXXXXXXX		☐ A. Application Signed and Granted Partial for Effective _____ ☐ B. Restoration Granted Partial for Effective _____ ☐ C. Discontinued effective Partial for _____ Sec A. Code _____ Sec B. Code _____				
(1) Evelyn			☐ D. Application Denied Partial for _____ ☒ E. Increase or Decrease ☐ F. Suspension (Warrant held from _____) ☐ G. Change in Participation Partial for Effective _____				
(2) Ruth							
(3)							
(4)							
(5)							
(6)							
(7)							

Remarks

Special need - roof beginning in October will continue for 4 months.

18. Non-County: County Participation Begins _____ Partial, for _____

19. ☐ Erroneous Denial Date _____

☐ Erroneous Disc. Date _____

☐ Appeal Date Signed _____

20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

Signature of Social Worker _____ Date **10-4-52**

Signature of Social Work Supervisor or Director _____ Date **10-5-52**

AUTHORIZED by the County of **Sacto**

This Date **10-6-52**

Signed _____

Form CA 278, December 1952

Authorized Signature **EXHIBIT 10**

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO NEEDY CHILDREN

1. PAYEE Bertha Benson

4. COUNTY Sacto CO.# 2999 ST.# 6200
If Transfer, Former County _____

2. ADDRESS 724 Spruce St - Sacto

3. FORMER PAYEE _____

5. CASE NAME Benson
☒ FAMILY BUDGET UNIT ☐ BMI

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month - Day - Year				XXXXXXXXXX		11-1-52	
7. Amount of Assistance to which Eligible Item I CA 241				XXXXXXXXXX		207	
8. Overpayment to be Adjusted Item K CA 241				XXXXXXXXXX		0	
9. Difference Between 7 & 8				XXXXXXXXXX		207	
10. Amount Previously Authorized				81	XXXXXXXXXXXX	XXXXXXXXXXXX	
11. Amount to be Paid				XXXXXXXXXX		207	
12. Total State Basis				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
A. State Basis on Previous Payment				81	XXXXXXXXXXXX	XXXXXXXXXXXX	
B. State Basis on This Payment				XXXXXXXXXX		207	
13. Total Federal Basis				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
A. Fed. Basis on Previous Payment				81	XXXXXXXXXXXX	XXXXXXXXXXXX	
B. Fed. Basis on This Payment				XXXXXXXXXX		81	
14. A. No. Reg. Children (Fed., State, Co.)				2		2	
B. No. Non-Co. Children (State, Fed.)				0		0	
C. No. Non-Co. Non-Fed. Children (State)				0		0	
D. No. Non-Fed. Children (State, Co.)				1		1	
E. Eligible Relative				1		1	
15. Other Adults in Family Budget Unit				0		0	
F. Other Minors in Family Budget Unit				0		0	

16. Names	Birthdate	17. Type of Action
E/R <u>Bertha</u>	XXXXXXXXXXXXXX	☐ A. Application Signed and Granted Partial for Effective _____ ☐ B. Restoration Granted Partial for Effective _____ ☐ C. Discontinued effective Partial for _____ Sec A. Code Sec B. Code ☐ D. Application Denied Partial for _____ ☒ E. Increase or Decrease ☐ F. Suspension (Warrant held from _____) ☐ G. Change in Participation Partial for Effective _____
(1) <u>Bobbie</u>		
(2) <u>Jackie</u>		
(3) <u>Joe</u>		
(4) _____		
(5) _____		
(6) _____		
(7) _____		

Remarks Adult son left the home.
Contribution to family ceased.

18. Non-County: County Participation Begins _____ Partial, for _____

19. ☐ Erroneous Denial Date _____ ☐ Erroneous Disc. Date _____ ☐ Appeal Date Signed _____

20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

Signature of Social Worker Sacto Date 10-19-52

Signature of Social Work Supervisor or Director _____ Date 10-20-52

AUTHORIZED by the County of _____ This Date 10-22-52

Signed _____ Authorized Signature

1. PAYEE Flora Williams

2. ADDRESS 3240 Orange St - Sacto

3. FORMER PAYEE _____

4. COUNTY Sacto CO.# 2761 ST.# 6800
 If Transfer, Former County _____

5. CASE NAME Williams

☒ FAMILY BUDGET UNIT ☐ BMT

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization One Month Only Continuing		Accounting Use Only
6. Effective - Month - Day - Year				XXXXXXXXXX		11-1-52	
7. Amount of Assistance to which Eligible Item I CA 241				XXXXXXXXXX		111	
8. Overpayment to be Adjusted Item K CA 241				XXXXXXXXXX		0	
9. Difference Between 7 & 8				XXXXXXXXXX		111	
10. Amount Previously Authorized				137	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
11. Amount to be Paid				XXXXXXXXXX		111	
12. Total State Basis				XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
A. State Basis on Previous Payment				137	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
B. State Basis on This Payment				XXXXXXXXXX		111	
13. Total Federal Basis				XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
A. Fed. Basis on Previous Payment				81	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
B. Fed. Basis on This Payment				XXXXXXXXXX		81	
14. A. No. Reg. Children (Fed., State, Co.)				2		2	
B. No. Non-Co. Children (State, Fed.)				0		0	
C. No. Non-Co. Non-Fed. Children (State)				0		0	
D. No. Non-Fed. Children (State, Co.)				0		0	
E. Eligible Relative				1		1	
15. A. Other Adults in Family Budget Unit				0		0	
B. Other Minors in Family Budget Unit				0		0	

16. Names	Birthdate	17. Type of Action
E/R <u>Flora</u>	XXXXXXXXXXXXXX	☐ A. Application Signed and Granted Partial for Effective _____ ☐ B. Restoration Granted Partial for Effective _____ ☐ C. Discontinued effective Partial for _____ Sec A. Code Sec B. Code ☐ D. Application Denied Partial for _____ ☒ E. Increase or Decrease ☐ F. Suspension (Warrant held from _____) ☐ G. Change in Participation Partial for Effective _____
(1) <u>Pansy</u>		
(2) <u>Lily</u>		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		

Remarks

Furniture payments completed in October

18. Non-County: County Participation Begins _____ Partial, for _____

19. ☐ Erroneous Denial Date _____ ☐ Erroneous Disc. Date _____ ☐ Appeal Date Signed _____

20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

10-15-52 10-16-52

Signature of Social Worker	Date	Signature of Social Work Supervisor or Director	Date
AUTHORIZED by the County of <u>Sacto</u>		This Date <u>10-17-52</u>	
		Signed _____	Authorized Signature

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO NEEDY CHILDREN

1. PAYEE Maria Martinez

2. ADDRESS 2222 Poplar St - Sacto

3. FORMER PAYEE _____

4. COUNTY Sacto CO.# 3276 ST.# 6500
If Transfer, Former County _____

5. CASE NAME Gutierrez
☒ FAMILY BUDGET UNIT ☐ BHI

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month - Day - Year			10-1-52	XXXXXXXXXX		11-1-52	
7. Amount of Assistance to which Eligible Item I CA 241			117	XXXXXXXXXX		117	
8. Overpayment to be Adjusted Item K CA 241			45	XXXXXXXXXX		0	
9. Difference Between 7 & 8			72	XXXXXXXXXX		117	
10. Amount Previously Authorized			0	162	XXXXXXXXXXXX	XXXXXXXXXXXX	
11. Amount to be Paid			72	XXXXXXXXXX		117	
12. Total State Basis			72	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
A. State Basis on Previous Payment			0	162	XXXXXXXXXXXX	XXXXXXXXXXXX	
B. State Basis on This Payment			72	XXXXXXXXXX		117	
13. Total Federal Basis			30	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
A. Fed. Basis on Previous Payment			0	30	XXXXXXXXXXXX	XXXXXXXXXXXX	
B. Fed. Basis on This Payment			30	XXXXXXXXXX		30	
14. A. No. Reg. Children (Fed., State, Co.)			1	1		1	
B. No. Non-Co. Children (State, Fed.)			0	0		0	
C. No. Non-Co. Non-Fed. Children (State)			0	0		0	
D. No. Non-Fed. Children (State, Co.)			1	1		1	
E. Eligible Relative			0	0		0	
15. A. Other Adults in Family Budget Unit			0	0		0	
B. Other Minors in Family Budget Unit			0	0		0	

16. Names	Birthdate	17. Type of Action
E/R	XXXXXXXXXXXX	☐ A. Application Signed and Granted Partial for Effective _____ ☐ B. Restoration Granted Partial for Effective _____ ☐ C. Discontinued effective Partial for _____ Sec A. Code Sec B. Code
(1) <u>Pedro</u>		☐ D. Application Denied Partial for _____ ☒ E. Increase or Decrease ☐ F. Suspension (Warrant held from _____) ☐ G. Change in Participation Partial for Effective _____
(2) <u>Rosita</u>		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		

Remarks

Stepfather has been contributing \$45 a month since 9-1-52. October warrant held to be cancelled and reissued to adjust for \$45 Sept. O/P.

18. Non-County: County Participation Begins _____ Partial, for _____

19. ☐ Erroneous Denial Date _____

☐ Erroneous Disc. Date _____

☐ Appeal Date Signed _____

20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

Signature of Social Worker

10-3-52

Date

Signature of Social Work Supervisor or Director

10-3-52

Date

AUTHORIZED by the County of Sacto

This Date 10-3-52

Signed _____

Form CA 278, December 1952

Authorized Signature

EXHIBIT 13

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO NEEDY CHILDREN

1. PAYEE Alta Reed

2. ADDRESS 1118 Pine St - Sacto

3. FORMER PAYEE _____

4. COUNTY Sacto CO.# 1963 ST.# 6617
If Transfer, Former County _____

5. CASE NAME Reed

☒ FAMILY BUDGET UNIT
 ☐ BHI

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month - Day - Year				XXXXXXXXXXXX	11-1-52	12-1-52	
7. Amount of Assistance to which Eligible Item I CA 241				XXXXXXXXXXXX	142	142	
8. Overpayment to be Adjusted Item K CA 241				XXXXXXXXXXXX	20	0	
9. Difference Between 7 & 8				XXXXXXXXXXXX	122	142	
10. Amount Previously Authorized				142	XXXXXXXXXXXX	XXXXXXXXXXXX	
11. Amount to be Paid				XXXXXXXXXXXX	122	142	
12. Total State Basis				XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
A. State Basis on Previous Payment				142	XXXXXXXXXXXX	XXXXXXXXXXXX	
B. State Basis on This Payment				XXXXXXXXXXXX	122	142	
13. Total Federal Basis				XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
A. Fed. Basis on Previous Payment				81	XXXXXXXXXXXX	XXXXXXXXXXXX	
B. Fed. Basis on This Payment				XXXXXXXXXXXX	81	81	
14. A. No. Reg. Children (Fed., State, Co.)				2	2	2	
B. No. Non-Co. Children (State, Fed.)				0	0	0	
C. No. Non-Co. Non-Fed. Children (State)				0	0	0	
D. No. Non-Fed. Children (State, Co.)				0	0	0	
E. Eligible Relative				1	1	1	
15. A. Other Adults in Family Budget Unit				0	0	0	
B. Other Minors in Family Budget Unit				0	0	0	
16. Names	Birthdate	17. Type of Action					
E/R <u>Alta</u>	XXXXXXXXXXXX	☐ A. Application Signed and Granted Partial for Effective _____					
(1) <u>Terry</u>		☐ D. Application Denied Partial for _____					
(2) <u>Carol</u>		☒ E. Increase or Decrease					
(3) _____		☐ B. Restoration Granted Partial for Effective _____					
(4) _____		☐ F. Suspension (Warrant held from _____)					
(5) _____		☐ C. Discontinued effective Partial for _____					
(6) _____		☐ G. Change in Participation Partial for Effective _____					
(7) _____		Sec A. Code _____ Sec B. Code _____					

Remarks Mother worked 10 days in September.
\$20 O/P in September to be adjusted
in November.

18. Non-County: County Participation Begins _____ Partial, for _____

19. ☐ Erroneous Denial Date _____

☐ Erroneous Disc. Date _____

☐ Appeal Date Signed _____

20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

10-16-52
 Signature of Social Worker
Sacto
 AUTHORIZED by the County of _____

10-17-52
 Signature of Social Work Supervisor or Director
 This Date 10-18-52
 Signed _____

Authorized Signature **EXHIBIT 14**

1. PAYEE Julia Quinn
2. ADDRESS 3729 Cypress St - Sacto
3. FORMER PAYEE _____

4. COUNTY Sacto CO.# 2513 ST.# 5398
If Transfer, Former County _____
5. CASE NAME Quinn
☒ FAMILY BUDGET UNIT ☐ BFI

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization One Month Only Continuing		Accounting Use Only
6. Effective - Month - Day - Year				XXXXXXXXXXXX	11-1-52	12-1-52	
7. Amount of Assistance to which Eligible Item I CA 241				XXXXXXXXXX	86	86	
8. Overpayment to be Adjusted Item K CA 241				XXXXXXXXXXXX	20	0	
9. Difference Between 7 & 8				XXXXXXXXXXXX	66	86	
10. Amount Previously Authorized				96	XXXXXXXXXXXX	XXXXXXXXXXXX	
11. Amount to be Paid				XXXXXXXXXXXX	66	86	
12. Total State Basis				XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
A. State Basis on Previous Payment				96	XXXXXXXXXXXX	XXXXXXXXXXXX	
B. State Basis on This Payment				XXXXXXXXXXXX	66	86	
13. Total Federal Basis				XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
A. Fed. Basis on Previous Payment				60	XXXXXXXXXXXX	XXXXXXXXXXXX	
B. Fed. Basis on This Payment				XXXXXXXXXXXX	60	60	
14. A. No. Reg. Children (Fed., State, Co.)				1	1	1	
B. No. Non-Co. Children (State, Fed.)				0	0	0	
C. No. Non-Co. Non-Fed. Children (State)				0	0	0	
D. No. Non-Fed. Children (State, Co.)				0	0	0	
E. Eligible Relative				1	1	1	
15. A. Other Adults in Family Budget Unit				0	0	0	
B. Other Minors in Family Budget Unit				0	0	0	
16. Names	Birthdate		17. Type of Action				
E/R <u>Julia</u>	XXXXXXXXXXXXXX		☐ A. Application Signed and Granted Partial for Effective _____ ☐ B. Restoration Granted Partial for Effective _____ ☐ C. Discontinued effective Partial for _____ Sec A. Code Sec B. Code				
(1) <u>Audrey</u>			☐ D. Application Denied Partial for _____ ☒ E. Increase or Decrease ☐ F. Suspension (Warrant held from _____) ☐ G. Change in Participation Partial for Effective _____				
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

Remarks

On 9-1-52 an adult son began contributing \$10 a month. Sept. and Oct. O/P of \$20 adjusted in November.

18. Non-County: County Participation Begins _____ Partial, for _____
19. ☐ Erroneous Denial Date _____ ☐ Erroneous Disc. Date _____ ☐ Appeal Date Signed _____
20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

Signature of Social Worker 10-10-52 Date
AUTHORIZED by the County of Sacto

Signature of Social Work Supervisor or Director 10-11-52 Date
This Date 10-13-52
Signed _____
Authorized Signature **EXHIBIT 15**

1. PAYEE Venita Gates
4. COUNTY Sacto CO.# 1008 ST.# 5964
If Transfer, Former County _____

2. ADDRESS 4201 Olive St - Sacto
5. CASE NAME Gates

3. FORMER PAYEE _____

☒ FAMILY BUDGET UNIT
☐ BMI

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month - Day - Year				XXXXXXXXXX			
7. Amount of Assistance to which Eligible Item I CA 241				XXXXXXXXXX			
8. Overpayment to be Adjusted Item K CA 241				XXXXXXXXXX			
9. Difference Between 7 & 8				XXXXXXXXXX			
10. Amount Previously Authorized					XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
11. Amount to be Paid				XXXXXXXXXX			
12. Total State Basis				XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
A. State Basis on Previous Payment					XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
B. State Basis on This Payment				XXXXXXXXXX			
13. Total Federal Basis				XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
A. Fed. Basis on Previous Payment					XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
B. Fed. Basis on This Payment				XXXXXXXXXX			
14. A. No. Reg. Children (Fed., State, Co.)							
B. No. Non-Co. Children (State, Fed.)							
C. No. Non-Co. Non-Fed. Children (State)							
D. No. Non-Fed. Children (State, Co.)							
E. Eligible Relative							
15. A. Other Adults in Family Budget Unit							
B. Other Minors in Family Budget Unit							

16. Names	Birthdate	17. Type of Action
E/R <u>Venita</u>	XXXXXXXXXXXXXX	☐ A. Application Signed and Granted Partial for Effective _____ ☐ B. Restoration Granted Partial for Effective _____ ☐ C. Discontinued effective _____ Partial for _____ Sec A. Code _____ Sec B. Code _____
(1) <u>Luella</u>		☐ D. Application Denied Partial for _____ ☐ E. Increase or Decrease _____ ☒ F. Suspension (Warrant held from <u>October</u>) ☐ G. Change in Participation Partial for _____ Effective _____
(2) <u>Charlene</u>		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		

Remarks

Mother reported increased personal property - estate - October warrant held and suspended.

18. Non-County: County Participation Begins _____ Partial, for _____

19. ☐ Erroneous Denial Date _____ ☐ Erroneous Disc. Date _____ ☐ Appeal Date Signed _____

20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

Signature of Social Worker _____ Date 11-1-52

Signature of Social Work Supervisor or Director _____ Date 11-2-52

AUTHORIZED by the County of Sacto

This Date 11-3-52
Signed _____

Authorized Signature _____

EXHIBIT 16

1. PAYEE Fern Sanborn
 2. ADDRESS 2625 Oak St - Sacto
 3. FORMER PAYEE Matilda Packard

4. COUNTY Sacto CO.# 2718 ST.# 5073
 If Transfer, Former County _____
 5. CASE NAME Packard
☒ FAMILY BUDGET UNIT ☐ BHI

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month - Day - Year				XXXXXXXXXX		11-1-52	
7. Amount of Assistance to which Eligible Item I CA 241				XXXXXXXXXX		161	
8. Overpayment to be Adjusted Item K CA 241				XXXXXXXXXX		0	
9. Difference Between 7 & 8				XXXXXXXXXX		161	
10. Amount Previously Authorized				183	XXXXXXXXXXXX	XXXXXXXXXXXX	
11. Amount to be Paid				XXXXXXXXXX		161	
12. Total State Basis				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
A. State Basis on Previous Payment				183	XXXXXXXXXXXX	XXXXXXXXXXXX	
B. State Basis on This Payment				XXXXXXXXXX		161	
13. Total Federal Basis				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
A. Fed. Basis on Previous Payment				102	XXXXXXXXXXXX	XXXXXXXXXXXX	
B. Fed. Basis on This Payment				XXXXXXXXXX		72	
14. A. No. Reg. Children (Fed., State, Co.)				3		3	
B. No. Non-Co. Children (State, Fed.)				0		0	
C. No. Non-Co. Non-Fed. Children (State)				0		0	
D. No. Non-Fed. Children (State, Co.)				0		0	
F. Eligible Relative				1		0	
Other Adults in Family Budget Unit				0		0	
B. Other Minors in Family Budget Unit				0		0	

16. Names	Birthdate	17. Type of Action
E/R	XXXXXXXXXXXX	☐ A. Application Signed and Granted Partial for Effective _____
(1) <u>Lessie</u>		☐ D. Application Denied Partial for _____
(2) <u>Lennie</u>		☒ E. Increase or Decrease
(3) <u>Lottie</u>		☐ F. Suspension (Warrant held from _____)
(4) _____		☒ G. Change in Participation Partial for <u>E/R</u> Effective <u>11-1-52</u>
(5) _____		☐ B. Restoration Granted Partial for Effective _____
(6) _____		☐ C. Discontinued effective Partial for _____
(7) _____		Sec A. Code _____
		Sec B. Code _____

Remarks
 Mother entered T. B. San. 10-23-52.
 Children to be cared for in grandmother's home.

18. Non-County: County Participation Begins _____ Partial, for _____
 19. ☐ Erroneous Denial Date _____ ☐ Erroneous Disc. Date _____ ☐ Appeal Date Signed _____

20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

Signature of Social Worker 10-24-52 Date
 AUTHORIZED by the County of Sacto
 Signature of Social Work Supervisor or Director 10-25-52 Date
 This Date 10-25-52
 Signed _____
 Authorized Signature

1. PAYEE Leona Porter
2. ADDRESS 1819 Walnut St - Sacto
3. FORMER PAYEE _____

4. COUNTY Sacto CO.# 1979 ST.# 5164
If Transfer, Former County _____
5. CASE NAME Porter
☒ FAMILY BUDGET UNIT ☐ BMT

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month - Day - Year				XXXXXXXXXX		11-1-52	
7. Amount of Assistance to which Eligible Item I CA 241				XXXXXXXXXX		215	
8. Overpayment to be Adjusted Item K CA 241				XXXXXXXXXX		0	
9. Difference Between 7 & 8				XXXXXXXXXX		215	
10. Amount Previously Authorized				246	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
11. Amount to be Paid				XXXXXXXXXX		215	
12. Total State Basis				XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
A. State Basis on Previous Payment				246	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
B. State Basis on This Payment				XXXXXXXXXX		207	
13. Total Federal Basis				XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
A. Fed. Basis on Previous Payment				102	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
B. Fed. Basis on This Payment				XXXXXXXXXX		102	
14. A. No. Reg. Children (Fed., State, Co.)				3		3	
B. No. Non-Co. Children (State, Fed.)				0		0	
C. No. Non-Co. Non-Fed. Children (State)				0		0	
D. No. Non-Fed. Children (State, Co.)				1		0	
E. Eligible Relative				1		1	
15. Other Adults in Family Budget Unit				0		0	
B. Other Minors in Family Budget Unit				0		0	

16. Names	Birthdate	17. Type of Action
E/R <u>Leona</u>	XXXXXXXXXXXXXX	☐ A. Application Signed and Granted Partial for Effective _____ ☐ B. Restoration Granted Partial for Effective _____ ☐ C. Discontinued effective Partial for _____ Sec A. Code Sec B. Code ☐ D. Application Denied Partial for _____ ☒ E. Increase or Decrease ☐ F. Suspension (Warrant held from _____) ☒ G. Change in Participation Partial for #1 Effective <u>11-1-52</u>
(1) <u>Homer</u>		
(2) <u>Violet</u>		
(3) <u>Emaline</u>		
(4) <u>Rosina</u>		
(5) <u>Neil</u>		
(6) _____		
(7) _____		

Remarks Homer to be placed in a Boarding Home 11-1-52.
See document #2 attached.

18. Non-County: County Participation Begins _____ Partial, for _____

19. ☐ Erroneous Denial Date _____ ☐ Erroneous Disc. Date _____ ☐ Appeal Date Signed _____

20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

10-23-52

10-24-52

Signature of Social Worker Sacto Date _____
Signature of Social Work Supervisor or Director 10-25-52 Date _____

AUTHORIZED by the County of _____ This Date _____
Signed _____

Authorized Signature **EXHIBIT 18-A**

1. PAYEE Viola Chipman
 2. ADDRESS 2021 Chestnut St - Sacto
 3. FORMER PAYEE Lecna Porter

4. COUNTY Sacto CO.# 1979 ST.# 5164
 If Transfer, Former County _____
 5. CASE NAME Porter
☐ FAMILY BUDGET UNIT ☒ BHI

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month - Day - Year				XXXXXXXXXX		11-1-52	
7. Amount of Assistance to which Eligible Item I CA 241				XXXXXXXXXX		60	
8. Overpayment to be Adjusted Item K CA 241				XXXXXXXXXX		0	
9. Difference Between 7 & 8				XXXXXXXXXX		60	
10. Amount Previously Authorized					XXXXXXXXXXXX	XXXXXXXXXXXX	
11. Amount to be Paid				XXXXXXXXXX		60	
12. Total State Basis				XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
A. State Basis on Previous Payment					XXXXXXXXXXXX	XXXXXXXXXXXX	
B. State Basis on This Payment				XXXXXXXXXX		60	
13. Total Federal Basis				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
A. Fed. Basis on Previous Payment					XXXXXXXXXXXX	XXXXXXXXXXXX	
B. Fed. Basis on This Payment				XXXXXXXXXX		0	
14. A. No. Reg. Children (Fed., State, Co.)						0	
B. No. Non-Co. Children (State, Fed.)						0	
C. No. Non-Co. Non-Fed. Children (State)						0	
D. No. Non-Fed. Children (State, Co.)						1	
E. Eligible Relative						0	
15. A. Other Adults in Family Budget Unit							
Other Minors in Family Budget Unit							

16. Names	Birthdate	17. Type of Action
E/R	XXXXXXXXXXXX	☐ A. Application Signed and Granted Partial for Effective _____
(1) Homer		☐ D. Application Denied Partial for _____
(2)		☐ E. Increase or Decrease _____
(3)		☐ B. Restoration Granted Partial for Effective _____
(4)		☐ F. Suspension (Warrant held from _____)
(5)		☐ C. Discontinued effective Partial for _____
(6)		☒ G. Change in Participation Partial for _____
(7)		Effective _____
		Sec A. Code
		Sec B. Code

Remarks **Change in assistance plan. Child placed in Boarding Home 11-1-52 and deleted from family budget unit.**

18. Non-County: County Participation Begins _____ Partial, for _____
 19. ☐ Erroneous Denial Date _____ ☐ Erroneous Disc. Date _____ ☐ Appeal Date Signed _____

20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

10-23-52

10-24-52

Signature of Social Worker _____ Date _____

Signature of Social Work Supervisor or Director _____ Date _____

AUTHORIZED by the County of **Sacto**

This Date **10-23-52**

Signed _____

Authorized Signature

EXHIBIT 18-B

1. PAYEE **Faye Owens**
4. COUNTY **Sacto** CO.# **908** ST.# **6210**
If Transfer, Former County _____

2. ADDRESS **2972 Peach St - Sacto**
5. CASE NAME **Owens**

3. FORMER PAYEE _____

☒ FAMILY BUDGET UNIT
☐ BHI

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month - Day - Year				XXXXXXXXXX		11-1-52	
7. Amount of Assistance to which Eligible Item I CA 241				XXXXXXXXXX		189	
8. Overpayment to be Adjusted Item K CA 241				XXXXXXXXXX		0	
9. Difference Between 7 & 8				XXXXXXXXXX		189	
10. Amount Previously Authorized				189	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
11. Amount to be Paid				XXXXXXXXXX		189	
12. Total State Basis				XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
A. State Basis on Previous Payment				189	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
B. State Basis on This Payment				XXXXXXXXXX		189	
13. Total Federal Basis				XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
A. Fed. Basis on Previous Payment				123	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
B. Fed. Basis on This Payment				XXXXXXXXXX		81	
14. A. No. Reg. Children (Fed., State, Co.)				4		2	
B. No. Non-Co. Children (State, Fed.)				0		0	
C. No. Non-Co. Non-Fed. Children (State)				0		0	
D. No. Non-Fed. Children (State, Co.)				0		2	
E. Eligible Relative				1		1	
15. A. Other Adults in Family Budget Unit				0		0	
B. Other Minors in Family Budget Unit				0		0	

16. Names	Birthdate	17. Type of Action
E/R Faye	XXXXXXXXXXXXXX	☐ A. Application Signed and Granted Partial for Effective _____ ☐ B. Restoration Granted Partial for Effective _____ ☐ C. Discontinued effective Partial for _____ Sec A. Code Sec B. Code
(1) Herman		☐ D. Application Denied Partial for _____ ☐ E. Increase or Decrease ☐ F. Suspension (Warrant held from _____) ☒ G. Change in Participation Partial for 1 & 2 Effective 11-1-52
(2) Horace		
(3) Gretchen		
(4) Gertrude		
(5) _____		
(6) _____		
(7) _____		

Remarks

The 17 year old twin boys terminated school enrollment 10-10-52 seeking employment.

18. Non-County: County Participation Begins _____ Partial, for _____

19. ☐ Erroneous Denial Date _____ ☐ Erroneous Disc. Date _____ ☐ Appeal Date Signed _____

20. I, CERTIFY, that the above facts have been verified by investigations, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the action specified in Item 17 for the persons listed in Item 16 and the amount specified in Item 11 as above indicated is correct under the existing Aid to Needy Children Law.

Signature of Social Worker
Sacto
AUTHORIZED by the County of _____

Date
10-15-52

Signature of Social Work Supervisor or Director
This Date
10-16-52
Signed _____

Date
10-15-52

Authorized Signature
EXHIBIT 19

AREA OFFICES

LOS ANGELES OFFICE
MICHIGAN 8411
MIRROR BUILDING
145 SOUTH SPRING STREET
12

SACRAMENTO OFFICE
GILBERT 2-4711
924 NINTH STREET
14

SAN FRANCISCO OFFICE
EXBROOK 2-8751
GRAYSTONE BUILDING
948 MARKET STREET
2

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND
DIRECTOR

December 31, 1952

STATE HEADQUARTERS

SACRAMENTO
GILBERT 2-4711
616 K STREET
14

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

ADDRESS REPLY TO:

616 K Street
Sacramento 14

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare with Fiscal Manual Letter No. 3.

These regulations were adopted by the State Social Welfare Board on December 15, 1952, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 103, 103.5, 103.6, 114(b), 115 and 116, and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

Charles I. Schottland
Charles I. Schottland
Director

Attachments

FILED

In the office of the Secretary of State
of the State of California

DEC 31

3:05 P.M.

FRANK M. JORDAN, Secretary of State

By *Chas. H. Gentry*
Assistant Secretary of State

Certified as a Regulation (or
as Regulations) of the

Dept of Social Welfare
(Name of State Agency)

Charles I. Lehtola
(Signature)

Director
(Title)

12-31-52
(Date)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14

January 5, 1953

FISCAL MANUAL LETTER NO. 3

The attached revisions numbered 55 through 66 are to be entered in your copy of the Manual of Fiscal Policies and Procedures and the revision numbers canceled on the inside of the manual cover.

These revisions were adopted by the State Social Welfare Board on December 15, 1952, to be effective February 1, 1953.

Secs. F-820 and F-890 and Forms DFA 222 and DFA 64, Part II, have been revised to provide for segregation of administrative costs allocable to Old Age Security cases for which federal participation is not available.

Revised Forms ABC 808 and ABC 820 are also attached.

FILED

In the office of the Secretary of State
of the State of California

DEC 31

3:05 P.M.

FRANK M. JORDAN, Secretary of State

By _____
Assistant Secretary of State

F-820 (Continued)

F-820

- M - Extraneous Activities
- N - Non-allocable Time
- O - Vacation
- P - Sick Leave
- Q - Other Time Off
- R - Total Time

Travel time is charged directly to program, or jointly to two or more programs, if it can be identified with a specific program or joint group. Otherwise it is charged as non-allocable time in Item N. Other non-allocable time such as time spent in conferences, meetings, etc., if identifiable with a specific program or joint group, shall be charged accordingly. If such time is not so chargeable, it shall be charged in Item N as non-allocable time.

The salary of an employee, who is on a vacation and/or sick leave or educational leave for a full month or a portion of a month, shall be allocated in accordance with such employee's latest representative time report on file.

Any county, believing that its method of determining General Relief case loads warrants inclusion of its General Relief program in the weighted case load group, may make application for such inclusion to SDSW. If the SDSW approves such request, special time recording and claiming procedures and a periodic determination of program weights will be necessary.

A. FORM DFA 42, EMPLOYEE'S INDIVIDUAL DAILY TIME RECORD

Employees, whose time is segregable by time recording and who work on programs in more than one of the above groups (ABC through H), shall charge their time on daily time reports to the nearest five minutes and at the end of each day shall transfer the totals to the nearest half hour to Form DFA 43, County Employees Monthly Time Record. All time worked, including overtime, shall be recorded each day.

Employees whose time can not be readily segregated by program, or who work on one program only, or who work on categorical aid programs only, are not required to keep daily time records.

Daily time records for the current month and the immediately preceding month shall be maintained on file in the county, readily available for inspection and audit by state and federal representatives.

(Section Continued on Next Page)

F-810 (Continued)

F-810

D. EXPENDITURE CATEGORIES

Administrative expenditures are segregated on the claim according to the following categories:

1. Salaries and Wages (S & W) paid to county welfare department employees in accordance with merit system or county civil service standards.
2. Maintenance and Operation (M & O). This category includes all expenditures from the welfare appropriation which are not properly included in any of the other categories and includes small items of equipment of individual cost of \$5 or less.
3. Capital Outlay (C. O.). Included in this category are expenditures for movable equipment, such as office furniture and fixtures, office machinery and automotive equipment.
4. Real Property Acquisition or Improvements (RP). Included in this category are expenditures for purchase or construction of buildings or for permanent additions to real property which become a part of the real property and are not removable upon termination of occupancy. (See Sec. F-871)
5. Services of Other County Agencies (SOCA). This category includes all expenditures for the benefit of the county welfare department for goods, facilities, or services expended from appropriations of other county agencies. Plans for claiming of such expenditures require written approval of SDSW.

(W&IC 116, FSA)

F-820 TIME RECORDING BY COUNTY WELFARE DEPARTMENT EMPLOYEES

F-820

For purposes of time recording and cost allocation, salaries and wages paid to employees of county welfare departments shall be apportioned in accordance with the ratio of gross man hours recorded by each employee. Man hours shall be recorded on time recording forms under the following items:

- ABC - The Categorical Aid Group (OAS Eligible, OAS Ineligible, ANB, APSB, ANC Eligible and ANC Ineligible - See Sec. F-890, Item A,2,e for application of weighted caseloads to the categorical aid group)
- D - Child Welfare Services
E - Boarding Home Licensing and Inspection
F - Agency and Independent Adoptions
G - County General Relief
H - Other County Welfare Programs
J - Joint Charges
K - Overall Charges
L - Total Allocable Time

(Section Continued on Next Page)

F-890 (Continued)

F-890

The following example illustrates the application of the weighted case-load method:

(1) Case Load Data

OAS-eligible	10,000
OAS-ineligible	50
ANB	1,000
APSB	100
ANC-eligible	3,000
ANC-ineligible	500

(2) Case Load Weights

OAS	1
ANB-APSB	1.5
ANC	2

(3) Salaries and Wages of \$100,000 appear in Column ABC of Form DFA 64, Part I.

(4) Computation of Weighted Case Load

OAS-eligible (10,000 x 1)	10,000
OAS-ineligible (50 x 1)	50
ANB (1,000 x 1.5)	1,500
APSB (100 x 1.5)	150
ANC-eligible (3,000 x 2)	6,000
ANC-ineligible (500 x 2)	1,000
Total Weighted Case Load	18,700

(5) Computation of Percentage Ratios

OAS-eligible	$10,000 \div 18,700 = .53476$
OAS-ineligible	$50 \div 18,700 = .00267$
ANB	$1,500 \div 18,700 = .08021$
APSB	$150 \div 18,700 = .00802$
ANC-eligible	$6,000 \div 18,700 = .32086$
ANC-ineligible	$1,000 \div 18,700 = .05348$
Total	1.00000

(6) Application of Percentage Ratios to Expenditures for Salaries and Wages in Column ABC

OAS-eligible	$\$100,000 \times .53476 = \$ 53,476$
OAS-ineligible	$\$100,000 \times .00267 = 267$
ANB	$\$100,000 \times .08021 = 8,021$
APSB	$\$100,000 \times .00802 = 802$
ANC-eligible	$\$100,000 \times .32086 = 32,086$
ANC-ineligible	$\$100,000 \times .05348 = 5,348$
Total Salaries and Wages	\$100,000

(Section Continued on Next Page)

F-890 (Continued)

F-890

e. Redistribution of Col. ABC

Upon completion of the assignment of direct charges and the distribution of joint and overall charges to the programs in Cols. ABC through H, the expenditures thus distributed to Col. ABC are redistributed to the programs in the categorical aid group (OAS-eligible, OAS-ineligible, ANB, APSB, ANC-eligible, and ANC-ineligible) by the weighted case load method.

Under this method, distribution is made on the basis of the size of the case load of each program each month. Since it is known that administrative effort per case varies between the categorical aid programs, weights are assessed to the case loads by program. These weights are determined by the SDSW for each county from the actual distribution of charges to the categorical aid programs appearing on administrative expenditure claims for a previous period. At periodic intervals the SDSW will request individual counties to conduct and report upon time studies of programs in the categorical aid group for a particular month. Such studies will be used by SDSW to make any necessary revisions in the case load weights for individual counties.

Percentage ratios, computed for each categorical aid program on Line 4 of Section X of Form DFA 64, Part II, are applied by expenditure category (S&W, M&O, CO, RP, and SOCA) to the amounts entered in Col. ABC of Part I. The amounts thus redistributed to the categorical aid programs are then brought forward by expenditure category to the Administrative Expenditures Certification, Form DFA 222, Lines A-1, A-2, B-1, B-2, C-1, and C-2.

(Section Continued on Next Page)

F-890 (Continued)

F-890

Col. 9, Federally Reimbursable Expenditures

Enter in Col. 9 for each line, A-1 through D, as applicable, the differences between the amounts entered in Col. 7 and the amounts entered in Col. 8.

Col. 10, Federal Shares

For Lines A-1, B-1, and C-1, enter one-half of the amount entered on these lines in Col. 9. For Line D, both current and prior fiscal years, enter the full amounts in Col. 9.

Col. 11, State Shares

In Line E, enter separately by current and prior fiscal year as applicable, the amounts entered on that line in Col. 7 but not to exceed \$4 times the number of valid licenses for each month involved as reported in Section Y of Form DFA 64, Part II.

In Line F, current and prior fiscal years, as applicable, enter the full amount entered on that line in Col. 7, according to approved adoption budgets as set forth in Section W of Form DFA 64, Part II.

Col. 12, County Shares

Enter for each line, A-1 through H, the differences between the amounts shown in Col. 7 and the federal or state shares in Col. 10 or Col. 11.

Col. 13, For State Use Only

Do not make any entries.

b. Calculation of Totals and Cross Balancing

Enter on Line L, for all columns, the totals of Lines A through H. Check addition and subtraction of all lines and columns and the totals on Line L to assure accuracy of all entries. The totals on Line L, Cols. 2, 3, 4, 5, and 6 must agree with the sum of the total expenditures for each category as reported in Col. L of Form DFA 64, Part I. Note: While the rules on allocation as to months and fiscal years (See Sec. F-830) may require segregation as to specific months on Part I of Form DFA 64, such items are segregated only by fiscal year on the claim certification. These involve CWS, Boarding Home Licensing and Inspection, and Adoption programs since expenditures for the categorical aids are allocated on a cash flow basis to the current month of claim.

(Section Continued on Next Page)

F-890 (Continued)

F-890

3. Instructions For Preparation of Form DFA 222,
Administrative Expenditures Certification

a. Distribution of Expenditures and Shares

The distribution of all joint and overall charges on the Administrative Expenditures Worksheet (Form DFA 64, Part I) shall be completed and the worksheet totals proved before entries are transferred to the Administrative Expenditures Certification. The data from the worksheets are transferred to the Administrative Expenditures Certification in Cols. 1 through 12, the entries being made on Lines A-1 through M, as applicable. Columnar entries on the certification shall be typed as close to the ruled lines as possible to leave space for the state to make any necessary corrections immediately above the county figures. Use of a typewriter with elite type is recommended.

Col. 1, County Welfare Programs

If there are any expenditures to be reported for programs on Lines D, E, or F, which are applicable according to established rules to months in prior fiscal years, enter the applicable fiscal years in Col. 1 on the appropriate lines.

Cols. 2, 3, 4, 5, 6, and 7 Expenditures According to Category

Enter in Cols. 2, 3, 4, and 5, on the appropriate lines, from data on the Administrative Expenditure Worksheets, the amounts of all welfare department salaries and wages, maintenance and operation, capital outlay, and real property acquisition and improvements. Enter in Col. 6 all expenditures to be claimed for services of other county agencies. Enter the total expenditures for each line, A-1 through M, in Col. 7.

Col. 8, Non-Federal Expenditures

From the totals in Col. 7, enter in Col. 8 for each line, as applicable, that portion of expenditures which is not subject to federal participation. These are OAS-ineligible (Line A-2), APSB (Line B-2), ANC ineligible (Line C-2), that part of Line D (CWS) not reimbursable according to agreement, and all of the remaining programs, Lines E through H.

(Section Continued on Next Page)

State of California

PART II--ADMINISTRATIVE EXPENDITURES WORKSHEET

Department of Social Welfare

Compiled By _____

Page _____ of _____

County Agency _____

County _____
Month _____, 195__

U. Data for Merit System Employees Paid Less Than Full Month's Salary								V. CWS--Supplemental to Part I, Col. D			W. Adoptions--Supplemental to Part I, Col. F		
Employee Name and Classification	Dates Employed During Month		No. of Days Paid	No. of Days Full Month	Amount of Gross Salary Paid	Rate of Pay for Full Month	Explanation (Reason for Payment of Less Than Full Month's Salary)	Percentages per CWS Contract			Budget Agreement Data	Current Fiscal Year	Prior Fiscal Year
	From	To						Employee	Classification	Percent			
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
X. Categorical Aid Percentage Ratios								Y. Combined Boarding Home License Credits					
Programs Involved	O.A.S. Eligible	O.A.S. Ineligible	A.N.B.	A.R.S.B.	A.N.C. Eligible	A.N.C. Ineligible	Total	Current Month		Prior Months (Indicate Month Covered)			
1. Weights Per Case (assigned by SDSW)								Licenses Valid First Day of Previous Month		Number of Licenses Claimed as Valid on First Day of Month			
2. Case Load Data for Month of Claim								Add New Licenses Since Issued		Add Number of Valid Licenses Omitted from Original Claim			
3. Weighted Case Load (Line 1 x Line 2)								Deduct Licenses Since Terminated		Deduct Number of Terminated Licenses Omitted from Original Claim			
4. *Percentage Ratio								Licenses Valid on First Day of Current Month		Corrected Number of Licenses in Effect on First Day of Month Indicated			
* Calculation: From Line 3, Individual Weighted Case Loads are divided by Total Weighted Case Load. Totals for each expenditure category stated on DFA 64 Part I are multiplied for each program by the percentage ratios to determine amounts allocable to programs.								* Remarks					

Form DFA 64--Part II (Revised Feb., 1953)

Forward four copies, Parts I and II, with four signed copies of Form DFA 222, Certification, to Department of Social Welfare, Sacramento

State of California

Compiled By _____

County Agency _____

Department of Social Welfare

Page _____ of _____

County _____

Month _____, 195__

PART I--ADMINISTRATIVE EXPENDITURES WORKSHEET

For All Programs and Categories of Expenditure.

Identification of Expenditures		A-B-C	D	E	F	G	H	J		K	L	M
Warrant		Categorical Aid Group	Child Welfare Services	Board- ing Home Lic. and Insp.	Agency and Indepen- dent Adoption	General Relief	Other Welfare Programs	Joint Expenditures		Over-all	Total Allocable Expenditures Columns A thru K	County Extra- neous Expense
Date	Number							Indicate Programs by Col. Letters ABC thru	Amount of Joint Charge			
												1
												2
												3
												4
												5
												6
												7
												8
												9
												10
												11
												12
												13
												14
												15
												16
												17
												18
												19
												20
												21
												22
												23

State of California

OLD AGE SECURITY CERTIFICATION

Department of Social Welfare

Forward three signed copies with monthly claim to State Department of Social Welfare,
616 K Street, Sacramento 14

COUNTY _____

MONTH _____, 19__

EXPLANATION		PERSONS COUNT		AMOUNTS CLAIMED				FOR STATE USE ONLY		
Federal Formula Period	Items	No. of Person Eligible to Federal Participation (Form 802 & 802A Line 1 plus 5) A	No. of Persons Ineligible to Federal Participation (Form 802 & 802A Line 9 plus 11) B	Total Aid Paid (or Repaid) (Form 802 & 802A Line 14) C	Amount Ineligible to Federal Participation (Form 802 & 802A Line 10 plus 12) D	Amount in Excess of Federal Base (Form 802 & 802A Line 13) E	Federal Basis Amount (Form 802 & 802A Line 4 plus 8) F			
PERIOD BEGINNING 10/1/52	1. Total Aid Paid in Current Month. (Form AB 802, Column D)							PARTICIPATING SHARES		
	2. Plus or Minus Repayments, Adjustments & Prior Month's Cancellations. (Form AB 802, Column H)									
	3. Net Adjusted Aid Claimed. (Cols. A thru F from Form AB 802, Col. J) (Cols. G, H, J from Form AB 802, Line 14, Cols. K, L, M)									
PERIOD 10/1/48 THROUGH 9/30/52	4. Net Adjusted Aid Claimed. (Cols. A thru F from Form AB 802A, Col. J) (Cols. G, H, J from Form AB 802A, Line 14, Cols. K, L, M)									
PERIOD 10/1/46 THROUGH 9/30/48	5. Repayments of Aid for this Period. (Form ABC 803, Schedule of Repayments)	Col. 10 - Form 803		Col. 4 - Form 803	Total X and S Cases Col. 4 Form 803	Col. 6 - Form 803	Col. C minus Cols. D and E, Form Ag 800	Col. 7 - Form 803	Col. 8 - Form 803	Col. 9 - Form 803
PERIODS PRIOR TO 10/1/46	6. Repayments of Aid for this Period. (Form ABC 803, Schedule of Repayments)									
TOTALS ALL PERIODS	7. Net Adjusted Aid Claimed for all Periods. (Lines 3 plus 4 minus Lines 5 and 6, Form Ag 800)									

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Old Age Security in and for said county; that the aid payments, repayments, and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the State Social Welfare Board.

Signature of County Welfare Director

Date _____, 1952

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that the amounts claimed herein are in accordance with authorizations for Old Age Security made by the county; that said amounts correctly reflect Federal, State, and County shares in the aid payments claimed; and that warrants therefor have been issued according to law and the rules and regulations of the State Social Welfare Board.

Signature of County Auditor

Date _____, 1952

Form Ag 800, Revised October 1952

ADMINISTRATIVE EXPENDITURES CERTIFICATION
ALL COUNTY WELFARE PROGRAMS

PREPARED BY _____, Co. AGENCY _____

COUNTY _____

MONTH _____, 195_____

	1	2	3	4	5	6	7	8	9	10	11	12	13
	County Welfare Programs	Welfare Salaries and Wages	Maintenance and Operation	Capital Outlay	Real Property	Services of Other Agencies	Total Expenditures	Non-Federal Expenditures	Federally Reimbursable Expenditures	Federal Shares	State Shares	County Shares	For State Use Only
A-1	Old Age Security—Elig. All Periods												
A-2	Old Age Security—Inel. All Periods												
B-1	Aid to Needy Blind—All Periods												
B-2	Aid to Partially Self-Supporting Blind Residents—All Periods												
C-1	Aid to Needy Children—Elig. All Periods												
C-2	Aid to Needy Children—Inel. All Periods												
D	Child Welfare Services Current Fiscal Year												
	Child Welfare Services Prior Fiscal Year												
E	Boarding Home Lic. and Insp.—Current Fiscal Year												
	Boarding Home Lic. and Insp.—Prior Fiscal Year												
F	Adoptions—Current Fiscal Year												
	Adoptions—Prior Fiscal Year												
G	County General Relief—All Periods												
H	Other County Welfare Programs—All Periods												
L	Total Administrative Expenditures Reported This Month for All Periods												
M	County Extraneous Expenditures												

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of the above stated programs in and for said county; that I have not violated any of the provisions of Sections 1090 to 1097 inclusive of the Government Code; that the amounts claimed herein have been expended and are properly chargeable as expenditures for Administration to the programs specified in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the State Social Welfare Board.

Signature of County Welfare Director

Date _____, 195_____

I HEREBY CERTIFY, under penalty of perjury, that I am the official in aforesaid county responsible for the examination and settlement of accounts; that the expenditures claimed herein have been authorized by the Board of Supervisors; and that warrants therefor have been issued or expenditures otherwise incurred according to law.

Signature of County Auditor

Date _____, 195_____

FOR STATE USE ONLY

INSTRUCTIONS

- A. "For month of" report the month to which this repayment applies. If applicable to more than one month, show each month on separate lines A.
- B. "As claimed (participation status)." Report the participation status as originally claimed. For OAS and ANB report R (Regular), X (Non-Federal), N (Non-County), or S (Non-County Non-Federal). For APSB report X or S. For ANC voucher cases report separately the number of children in each status, R, X, N, or S, and eligible relative (ER), if any. For ANC-BHI report on separate lines B the name of each individual child for whom the repayment is applied, and status, X or S. The total amount of the original claim (Col. 1), its distribution, and persons count (Cols. 2 through 8) are reported on line B, except that for installment repayments, beginning with the second installment the total amount, distribution, and persons count on line B is the amount, distribution, and persons count of the adjusted claim after the previous repayment; i.e., the same amounts reported on line C of the previous Report of Repayment.
- C. "Less: Adjusted claim after this repayment." The total amount (Col. 1) to be reported on line C is the difference between the total amount reported on lines B and D. The bases or excess, and shares (Cols. 2 through 7) on line C are computed by the same formula as an original claim in that amount for the month indicated on line A. (Refer to Sec. F-560 of the Manual of Fiscal Policies and Procedures for the computations during different formula periods.) (See E below for persons count.)
- D. "Distribution of repayment." Subtract from the amounts and persons count on line B (Cols. 2 through 8) all of the amounts and persons count on line C. The result is the amount, distribution, and persons count of the repayment to be reported on line D.
- E. "Persons Count" (Col. 8). For OAS, ANB, APSB, and ANC-BHI cases there is always a persons count of "1" reported in Col. 8 (a or b) on line B. If there are any amounts in Cols. 1 through 7 on line C, there will also be a persons count of "1" in Col. 8 (a or b). If there are no amounts in Cols. 1 through 7 on line C, the persons count in Col. 8 will be "0." The difference between B and C in Col. 8 is the persons count to be reported on line D.
- For ANC voucher cases the persons count in Col. 8a is reported separately for the eligible relative and the number of children eligible to Federal participation. For example, for an eligible relative and 3 eligible children report 1-3, or, if there is no eligible relative report 0-3. In Col. 8b report the number of children ineligible to Federal participation. The persons count to be entered in Col. 8 on line B is the same as that reported on the original claim, or, in installment repayments, the number reported in Col. 8 on line C of the previous Report of Repayment for that case. If there are any amounts reported in Cols. 1 through 7 on line C, persons count to be entered in Col. 8 on line C will be the number of persons remaining on ANC, i.e., the persons count in the adjusted claim after this repayment. If there are no amounts in Cols. 1 through 7 on line C, the persons count in Col. 8 will be "0." The difference between B and C is the persons count to be reported in Col. 8 on line D.

EXAMPLES:

OAS, ANB, APSE, ANC-BHI						ANC VOUCHER				
Col. 8	Col. 8		Col. 8		Col. 8	Col. 8	Col. 8		Col. 8	
			a	b		a	b		a	b
<u>1</u>	or	<u>1</u>	1-3	1	or	1-3	1	or	1-3	1
<u>1</u>		<u>0</u>	1-2	1		0-0	0		1-3	1
<u>0</u>		<u>1</u>	0-1	0		1-3	1		0-0	0

- F. "Total Repayments." This is the sum of the amounts and persons count reported in Cols. 1 through 8 on each of the lines D.

		FEDERAL BASIS (CA ONLY) AMOUNT IN EXCESS OF		(COLS. 4, 5, 6, AND 7 TO BE COMPLETED ONLY FOR MONTHS PRIOR TO 10/1/48 FOR OAS, ANB, ANC VOUCHER; 10/1/47 FOR APSB; 10/1/39 FOR ANC-BHI)					PERSONS COUNT (E)	
TOTAL AMOUNT (1)	STATE BASIS (CA ONLY) (2)	FEDERAL BASIS (OAS & ANB) (3)	FEDERAL SHARE (4)	STATE SHARE (5)	COUNTY SHARE (6)	COUNTY SUPP. AID (7)	EL. TO FED. (A)	INEL. TO FED. (B)		
A. For Month of	19									
B. As Claimed										
(Participation Status)										
C. Less: Adjusted Claim after this Repayment										
D. Distribution of Repayment										
A. For Month of	19									
B. As Claimed										
(Participation Status)										
C. Less: Adjusted Claim after this Repayment										
D. Distribution of Repayment										
A. For Month of	19									
B. As Claimed										
(Participation Status)										
C. Less: Adjusted Claim after this Repayment										
D. Distribution of Repayment										
A. For Month of	19									
B. As Claimed										
(Participation Status)										
C. Less: Adjusted Claim after this Repayment										
D. Distribution of Repayment										

State of California

Department of Social Welfare

REPORT OF REPAYMENT

(Program) OAS, ANB, APSB, ANC

To: STATE DEPARTMENT OF SOCIAL WELFARE
616 K Street
Sacramento, California

County _____
Date _____
Name _____
State Number _____
County Number _____

Date repayment received by Collection Officer: _____, 19____
Date repayment deposited with County Treasurer: _____, 19____, Deposit Permit No. _____
Total amount to be repaid: \$ _____; Period Covered: _____
Amount due before this repayment: \$ _____; Less: Amount of this repayment \$ _____, New Balance: \$ _____
Source of and reasons for repayment. (Give full explanation) _____

See reverse side for instructions for completion of the following items:

		FEDERAL BASIS (CA ONLY) AMOUNT IN EXCESS OF		(COLS. 4, 5, 6, AND 7 TO BE COMPLETED ONLY FOR MONTHS PRIOR TO 10/1/48 FOR OAS, ANB, ANC VOUCHER; 10/1/47 FOR APSB; 10/1/39 FOR ANC-BHI)					PERSONS COUNT (E)	
TOTAL AMOUNT (1)	STATE BASIS (CA ONLY) (2)	FEDERAL BASIS (OAS & ANB) (3)	FEDERAL SHARE (4)	STATE SHARE (5)	COUNTY SHARE (6)	COUNTY SUPP. AID (7)	EL. TO INEL. TO FED. (A) FED. (B)			
A. For Month of _____ 19____										
B. As Claimed _____										
(Participation Status) _____										
C. Less: Adjusted Claim after this Repayment _____										
D. Distribution of Repayment _____										
A. For Month of _____ 19____										
B. As Claimed _____										
(Participation Status) _____										
C. Less: Adjusted Claim after this Repayment _____										
D. Distribution of Repayment _____										
A. For Month of _____ 19____										
B. As Claimed _____										
(Participation Status) _____										
C. Less: Adjusted Claim after this Repayment _____										
D. Distribution of Repayment _____										
A. For Month of _____ 19____										
B. As Claimed _____										
(Participation Status) _____										
C. Less: Adjusted Claim after this Repayment _____										
D. Distribution of Repayment _____										
F. Total Repayments _____										
(Use reverse side if more space needed)										

Deduction to be made from _____ Aid Claim for month of _____, 19____
(Program)

Send one copy to State Department of Social Welfare
at Sacramento with monthly aid claim on which
repayment is reported.

[Signature of
Collection Officer] _____

(COUNTY--To be used for one case only)

State of California

Department of Social Welfare

RECONCILIATION STATEMENT
COUNTY AUTHORIZATIONS TO AUDITOR'S PAYMENTS
AS CLAIMED TO SDSW

COUNTY _____ PROGRAM _____ MONTH OF CLAIM _____ 195 _____

1. Continuing aid payments previously authorized in Master Deck Control for previous month. (Item 4 of the Reconciliation Statement, Form ABC 820, of the previous month) \$ _____
 2. Plus additional aid payments for this month which are received prior to the cut-off date for changes in the Master Deck:
 - a. New cases and restorations. (Col. 3 of Form ABC 822) \$ _____
 - b. Net amount of increases. (Col. 4 of Form ABC 822) _____
 - c. Sum of Items 2a and 2b. _____
 - d. Sub-total. (Item 1 plus Item 2c) _____
 3. Less reductions in aid payments for this month which are received prior to the cut-off date for changes in the Master Deck:
 - a. Discontinuances. (Col. 5 of Form ABC 822) _____
 - b. Net amount of decreases. (Col. 6 of Form ABC 822) _____
 - c. Sum of Items 3a and 3b. _____
 4. Net amount of authorized continuing aid payments in Master Deck Control for this month. (Item 2d minus Item 3c) _____
- NOTE: Item 5 is to be used only if county makes use of Column 5 of Form Ag, B1, CA, 278, Authorization Document. Amounts reported in Item 5 are not to be included in Items 2 and 3.
5. Changes in authorizations affecting this month only:
 - a. New cases, restorations, and the net amount of increases. (Sum of Cols. 3 and 4 of Form ABC 822 for this month only) _____
 - b. Discontinuances and the net amount of decreases. (Sum of Cols. 5 and 6 of Form ABC 822 for this month only) _____
 - c. Net differences between Items 5a and 5b. (If minus amount show in red or parenthesis) _____
 6. Authorizations for this month received after cut-off date for changes in Master Deck:
 - a. New cases, restorations, and the net amount of increases. (Sum of Cols. 3 and 4 of Form ABC 822) _____
 - b. Discontinuances and the net amount of decreases. (Sum of Cols. 5 and 6 of Form ABC 822) _____
 - c. Net difference between Items 6a and 6b. (If minus amount show in red or parenthesis) _____
 7. Total aid authorized to be paid this month for this month. (Sum of Items 4, 5c and 6c) _____
 8. Amount of aid authorized to be paid this month for prior months. (Col. 8 of Form ABC 822) _____
 9. Total aid authorized to be paid this month. (Item 7 plus Item 8) _____
 10. Amount claimed this month:
 - a. Line 1, Col. C, Form Ag, B1, or CA 800. _____
 - b. Line 14, Col. D, Form AB 802A; or
Line 1, Col. D, Form CA 802A. _____
 - c. Total aid claimed. (Item 10a plus 10b) _____
 11. Difference, if any, between Items 9 and 10c. Explain any difference below or on a separate sheet _____

CERTIFICATION

I hereby certify that the amounts stated herein are true and correct and are properly supported by auditable records conveniently accessible in the county.

SIGNED: _____ TITLE: _____ DATE: _____, 195 _____

Form ABC 820, Revised January 1953

See Reverse Side for Instructions

State of California

Forward 4 Copies to
 State Department of Social Welfare
 616 K Street, Sacramento 14

ADJUSTMENT UNDER W & IC 1512 (c)
 AUTHORIZED BY
 NOTIFICATION OF TRANSFER - FORM CA 215-A

County of Applications: _____ County of Residence: _____

State Number: _____

SECTION A: Summary of VOUCHER CLAIMS from County of Application

Name of Payees: _____

Child(ren)'s Name(s): _____

Name of Payees: _____

Child(ren)'s Name(s): _____

MONTH	PERSONS COUNT			WARRANT AMOUNT	BASIS FOR STATE PARTICIPATION	BASIS FOR FEDERAL PARTICIPATION
	El.	El.	Inel.			
	Rel.	Ch.	Ch.			

SECTION B: Summary of BHI CLAIMS from County of Application

MONTH	NAME OF PAYEE	NAME OF CHILD	WARRANT AMOUNT	BASIS FOR STATE PARTICIPATION
-------	---------------	---------------	-------------------	----------------------------------

FOR STATE USE ONLY

\$ _____ County Share Charged to _____ County on _____ Claim.

By _____

INSTRUCTIONS

Forward three copies with each monthly claim to State Department of Social Welfare, 616 K Street, Sacramento 14. Enter in the heading the county name and the month of the claim. The body of the form is completed as follows:

- Item 1. Enter the amount of the continuing aid authorized by the county in the Master Deck Control for the previous month. This will be same figure as stated in Item 4 of the previous month's reconciliation statement unless there has been an error in amounts previously reported. Any correction of a previous error shall be fully explained as a reconciling item.
- Item 2a. The amount to be entered here will include all authorized new cases and restorations affecting the month of claim which are received prior to the cut-off date for changes in the Master Deck. If aid is authorized to begin during the month, only the amount of the authorization for the partial month should be entered. Do not include authorizations received after the cut-off date or authorizations for prior months. These are to be included in Items 6a and 8. The amount entered here is transcribed from the total in Col. 3 of Form ABC 822, Register of County Authorizations (or its equivalent in use in the county), for the month of claim. Exceptions: If any amounts are entered in Item 5a, they shall not be duplicated here.
- Item 2b. The same rules apply here as for Item 2a. Include only increases received prior to the cut-off date for changes in the Master Deck which affect the month of claim; i.e., the net amount by which grants are increased. If Item 5 is not used, Item 2b shall include increases to bring the immediate previous month's partial payments up to the total authorized monthly grants. Do not include authorizations covering supplemental payments for this month or for prior months. These are to be included in Items 6a and 8. The amount entered here is transcribed from the total in Col. 4 of Form ABC 822 for the month of claim. Exceptions: If any increases are entered in Item 5a, they shall not be duplicated here.
- Item 3a. Enter the amount of all discontinuances authorized to become effective on the last day of a previous month which are received prior to the cut-off date for changes in the Master Deck. The amount entered here is transcribed from the total in Column 5 of Form ABC 822 for the month of claim. Do not include discontinuances received after the cut-off date. These are to be included in Item 6b. Exception: If any discontinuances are entered in Item 5b, they shall not be duplicated here.
- Item 3b. Enter the amount of all authorized decreases affecting the month of claim which are received prior to the cut-off date for changes in the Master Deck; i.e., the net amount by which grants are decreased. The amount entered here is transcribed from the total in Col. 6 of Form ABC 822 for the month of claim. Do not include decreases received after the cut-off date. These are to be included in Item 6b. Exceptions: If any decreases are entered in Item 5b, they shall not be duplicated here.
-
- Item 5. Make entries in Items 5a and 5b only if Column 5 of Form 278, Authorization Document, is used for authorizations affecting one month only which are received prior to the cut-off date for changes in the Master Deck. Entries in these items are not to be duplicated in Items 2 and 3. See instructions for those items. Separate Batch Vouchers, Form ABC 821, and Register of Authorizations, Form ABC 822 (or their equivalents in use in the county), shall be kept for Column 5 transactions.
-
- Item 6. Include in Items 6a or 6b as applicable all authorizations for payments or changes in payments for the month of claim which are received after the cut-off date for changes in the Master Deck for that month. Do not duplicate here any entries made in Items 5a or 5b. Separate Batch Vouchers, Form ABC 821, and Register of Authorizations, Form ABC 822 (or their equivalents in use in the county), shall be kept for authorizations received after the cut-off date for Master Deck changes.
- Item 8. Enter the amount of all retroactive aid authorizations approved this month for prior months including any authorizations requiring new warrants to cover retroactive decreases. Also include authorizations for return of erroneous repayments of aid unless they are reported as credits on the repayment contra roll (see Manual Section F-750, Item I). Do not enter any cancellations for warrants issued in prior months as these are not included within the scope of the reconciliation. The amount entered here is transcribed from the total in Col. 8 of Form ABC 822 for the month of claim.
- Item 9. This figure is the total amount of aid authorized to be paid in the month of claim, which should have been given effect by the county through issuance and cancellation of warrants during the month, except cancellations of warrants issued during prior months.
- Item 10a. Enter the net amount of aid paid as reported on Form Ag, Bl, CA 800, Certification, Line 1, Column C, for the month of claim.
- Item 10b. For ANB and OAS enter the net amount of aid paid as reported for the month on Form AB 802 A, Line 14, Column D. This item is not used for APSB. For ANC voucher claims enter the net amount of aid paid as reported for the month on Form CA 802A, Line 1, Column D. This item is not used for ANC-BHI.
- Item 10c. This figure is the total amount of aid claimed.
- Item 11. Enter the difference (plus or minus) between the amount stated in Item 9 and the amount in Item 10c. If the claim has been correctly prepared in accordance with County Authorizations, this figure should be zero. If there is a difference, explain reconciling items in detail below Item 11 or on a separate sheet so that they may be taken into account in preparing the claim and the reconciliation for the following month. If there has been no error in recording county authorizations in the Register of Authorizations (or its equivalent), any difference is in the claim itself (certification, claim summary sheet or the supporting payrolls and current cancellation contra roll).
- The certification at the foot of the form is to be signed by the county official under whose direction the reconciliation is prepared; i.e., the County Welfare Director or the County Auditor.

NOTE: In ANC the authorizations used in reconciling include county supplemental aid.

AREA OFFICES

LOS ANGELES OFFICE
MICHIGAN 8411
MIRROR BUILDING
145 SOUTH SPRING STREET
12

SACRAMENTO OFFICE
GILBERT 2-4711
924 NINTH STREET
14

SAN FRANCISCO OFFICE
EXBROOK 2-8751
GRAYSTONE BUILDING
948 MARKET STREET
2

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND
DIRECTOR

December 31, 1952

STATE HEADQUARTERS

SACRAMENTO
GILBERT 2-4711
616 K STREET
14

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

ADDRESS REPLY TO:

616 K Street
Sacramento 14

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare with Old Age Security Manual Letter No. 14.

These regulations were adopted by the State Social Welfare Board on December 15, 1952, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 103, 103.5, and 114(b), and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

Charles I. Schottland
Charles I. Schottland
Director

Attachments

FILED

In the office of the Secretary of State
of the State of California

DEC 31

3:08 P.m.

FRANK M. JORDAN, Secretary of State

By *Charles I. Schottland*
Assistant Secretary of State

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14

January 2, 1953

OLD AGE SECURITY MANUAL LETTER NO. 14

The attached revisions numbered 104 and 105 are to be entered in your copy of the Manual of Policies and Procedures - Old Age Security and the revision numbers canceled on the inside of the manual cover.

These revisions were adopted by the State Social Welfare Board on December 15, 1952, to be effective February 1, 1953.

Sec. A-1020 has been revised to provide that un-commingled community income from a wife's earnings (or from damages received by the wife for personal injury) over which the wife has the management, control, and disposition may not be considered in determining either her liability or that of her husband under the Relatives' Contribution Scale.

The revised Form Ag 225, Statement of Responsible Relative of Applicant under Old Age Security law, is attached for inclusion in Sec. A-1050.

Certified as a Regulation (or
as Regulations) of the

Dept of Social Welfare
(Name of State Agency)

Charles I. Schottland
(Signature)

Director
(Title)

12-31-52
(Date)

FILED

In the office of the Secretary of State
of the State of California

DEC 31 1952

3:08 P.M.

FRANK M. JORDAN, Secretary of State
By Edmund G. Sneyd
Assistant Secretary of State

A-1030 (Continued)

A-1030

A. Net monthly income of relatives in family	B. Number of persons dependent upon income	C. Maximum required monthly contributions	10 and over							
	1	2	3	4	5	6	7	8	9	10
200 or under----	0	0	0	0	0	0	0	0	0	0
201 - 225 -----	5	0	0	0	0	0	0	0	0	0
226 - 250 -----	10	0	0	0	0	0	0	0	0	0
251 - 275 -----	15	0	0	0	0	0	0	0	0	0
276 - 300 -----	20	0	0	0	0	0	0	0	0	0
301 - 325 -----	25	5	0	0	0	0	0	0	0	0
326 - 350 -----	30	10	0	0	0	0	0	0	0	0
351 - 375 -----	35	15	5	0	0	0	0	0	0	0
376 - 400 -----	40	20	10	0	0	0	0	0	0	0
401 - 425 -----	45	25	15	5	0	0	0	0	0	0
426 - 450 -----	50	30	20	10	0	0	0	0	0	0
451 - 475 -----	55	35	25	15	5	0	0	0	0	0
476 - 500 -----	60	40	30	20	10	0	0	0	0	0
501 - 525 -----	65	45	35	25	15	5	0	0	0	0
526 - 550 -----	70	50	40	30	20	10	0	0	0	0
551 - 575 -----	75	55	45	35	25	15	5	0	0	0
576 - 600 -----	80	60	50	40	30	20	10	0	0	0
601 - 625 -----	85	65	55	45	35	25	15	5	0	0
626 - 650 -----	90	70	60	50	40	30	20	10	0	0
651 - 675 -----	95	75	65	55	45	35	25	15	5	0
676 - 700 -----	100	80	70	60	50	40	30	20	10	0
701 - 725 -----	105	85	75	65	55	45	35	25	15	5
726 - 750 -----	110	90	80	70	60	50	40	30	20	10
751 - 775 -----	115	95	85	75	65	55	45	35	25	15
776 - 800 -----	120	100	90	80	70	60	50	40	30	20
801 - 825 -----	125	105	95	85	75	65	55	45	35	25
826 - 850 -----	130	110	100	90	80	70	60	50	40	30
851 - 875 -----	135	115	105	95	85	75	65	55	45	35
876 - 900 -----	140	120	110	100	90	80	70	60	50	40
901 - 925 -----	145	125	115	105	95	85	75	65	55	45
926 - 950 -----	150	130	120	110	100	90	80	70	60	50
951 - 975 -----	155	135	125	115	105	95	85	75	65	55
976 - 1,000 -----	160	140	130	120	110	100	90	80	70	60
1,000-1,025 -----	165	145	135	125	115	105	95	85	75	65
1,026-1,050 -----	170	150	140	130	120	110	100	90	80	70
1,051-1,075 -----	175	155	145	135	125	115	105	95	85	75
1,076-1,100 -----	180	160	150	140	130	120	110	100	90	80
1,101-1,125 -----	185	165	155	145	135	125	115	105	95	85
1,126-1,150 -----	190	170	160	150	140	130	120	110	100	90
1,151-1,175 -----	195	175	165	155	145	135	125	115	105	95

For each additional \$25 net income over \$1175 (Col. A) the maximum required monthly contribution is increased \$5 in each column under B and C.

(W&C 2181, AGO NS 5164)

A-1020 (Continued)

A-1020

A married daughter shall not be required to make contributions unless she has separate income in an amount indicating liability under the scale. Earnings of a married daughter are:

- a. Separate income if, in accordance with a specific agreement, the husband has relinquished her earnings to her.
- b. Uncommingled community income if, in the absence of a specific agreement whereby her husband has relinquished her earnings to her, she retains management and control of her earnings and does not in fact mingle them with the husband's earnings or with other community income of the couple.
- c. Commingle community income if she mingles her earnings with those of her husband or with other community income of the couple thus placing them under the management and control of the husband.

The foregoing statements relative to uncommingled and commingled community income from earnings apply also to damages received by a wife for personal injury.

If the responsible relative is a married daughter and the only income is community income of the couple, whether commingled or uncommingled, the daughter has no liability.

In determining the liability of a married son, the income of his wife shall be included if the facts show that the wife's income is commingled community income. Separate income of the wife or her uncommingled community income shall not be included in determining the son's liability.

D. MINOR CHILD

The earnings of a minor child represent community income of the parents, unless the child is emancipated, in which case, the minor child has the same liability under the scale as an adult child. (See Sec. A-1152, Contributions from Responsible Relatives) (W&IC 2006, 2140, 2160F, 2181, 2224; CC 171c; AGO 51/267, AGO NS 863, AGO NS 5187, Servicemen's Dependents Allowance Act)

A-1030 RELATIVES' CONTRIBUTION SCALE

A-1030

The Relatives' Contribution Scale sets forth the maximum degree of liability for support of applicants for, or recipients of, aid according to the relative's net income and number of dependents. The county board of supervisors shall fix the relative's liability at the amount specified by the scale or at an amount less than that specified by the scale, if warranted by the financial circumstances of the responsible relative. The Relatives' Contribution Scale is not applicable to the spouse of an applicant or recipient when the spouse's income represents the community income of the couple. (See Sec. A-1116, Division of Income with Spouse)

(Section Continued on Next Page)

APPLICABLE EXCERPTS FROM THE WELFARE AND INSTITUTIONS CODE ARE GIVEN FOR YOUR INFORMATION.

WELFARE AND INSTITUTIONS CODE SECTION 2181. "The Board of Supervisors, directly or through an authorized investigator, shall upon receipt of an application for aid, promptly, without any unnecessary delay, and with all diligence, make the necessary investigation. Such investigation shall be completed within 60 days after receipt of the application.

"The Board shall upon receipt of the report of the investigation determine the ability of responsible relatives to contribute to the support of applicant and designate the amount of aid, if any, to be granted. The maximum degree of liability of the responsible relative shall be determined by 'Relatives' Contribution Scale.' In determining ability to contribute, the financial circumstances of responsible relatives shall be given due consideration and, in unusual cases, contributions at less than the amount fixed by 'Relatives' Contribution Scale' may be made as the Board of Supervisors may deem justifiable. A married daughter of the applicant shall not be required to make contributions unless she has income constituting her separate property."

WELFARE AND INSTITUTIONS CODE SECTION 2181.05. "Written statements of information required from responsible relatives of applicants need not be under oath, but shall contain a written declaration that they are made under the penalties of perjury, and any person so signing such statements who wilfully states therein as true any material matter which he knows to be false, is subject to the penalties prescribed for perjury in the Penal Code of this State.

WELFARE AND INSTITUTIONS CODE SECTION 2224. "The Board of Supervisors shall determine if the applicant or recipient of aid has within the state a spouse or adult child pecuniarily able to contribute to the support of the applicant or recipient of aid. A brief form shall be sent to the relative inquiring whether the relative is in fact contributing and will continue to contribute to the support of the applicant pursuant to the provisions of Section 2181....

".... the spouse or adult child shall file such ... statement within 10 days if living in the county, or within 30 days if living elsewhere in the State;

"If the person receiving aid has within the State, a spouse or adult child pecuniarily able to support said person, the Board of Supervisors shall request the district attorney or other civil legal officer of the county granting such aid to proceed against such kindred in the order of their responsibility to support. Upon such demand the district attorney or other civil legal officer of the county granting aid shall, on behalf of said county, maintain an action, in the superior court of the county granting such aid, against said relative, in the order named, to recover for said county such portion of the aid granted as said relative is able to pay, and to secure an order requiring the payment of any sums which may become due in the future for which the relative may be liable....

"....The granting of or continued receipt of aid shall not be contingent upon such recovery."

RELATIVES' CONTRIBUTION SCALE

A. Net monthly income of responsible relatives in family	B. Number of persons dependent upon income									
	1	2	3	4	5	6	7	8	9	10 and over
C. Maximum required monthly contributions										
\$ 200 or under.....	0	0	0	0	0	0	0	0	0	0
201 - 225	5	0	0	0	0	0	0	0	0	0
226 - 250	10	0	0	0	0	0	0	0	0	0
251 - 275	15	0	0	0	0	0	0	0	0	0
276 - 300	20	0	0	0	0	0	0	0	0	0
301 - 325	25	5	0	0	0	0	0	0	0	0
326 - 350	30	10	0	0	0	0	0	0	0	0
351 - 375	35	15	5	0	0	0	0	0	0	0
376 - 400	40	20	10	0	0	0	0	0	0	0
401 - 425	45	25	15	5	0	0	0	0	0	0
426 - 450	50	30	20	10	0	0	0	0	0	0
451 - 475	55	35	25	15	5	0	0	0	0	0
476 - 500	60	40	30	20	10	0	0	0	0	0
501 - 525	65	45	35	25	15	5	0	0	0	0
526 - 550	70	50	40	30	20	10	0	0	0	0
551 - 575	75	55	45	35	25	15	5	0	0	0
576 - 600	80	60	50	40	30	20	10	0	0	0
601 - 625	85	65	55	45	35	25	15	5	0	0
626 - 650	90	70	60	50	40	30	20	10	0	0
651 - 675	95	75	65	55	45	35	25	15	5	0
676 - 700	100	80	70	60	50	40	30	20	10	0
701 - 725	105	85	75	65	55	45	35	25	15	5
726 - 750	110	90	80	70	60	50	40	30	20	10
751 - 775	115	95	85	75	65	55	45	35	25	15
776 - 800	120	100	90	80	70	60	50	40	30	20
801 - 825	125	105	95	85	75	65	55	45	35	25
826 - 850	130	110	100	90	80	70	60	50	40	30
851 - 875	135	115	105	95	85	75	65	55	45	35
876 - 900	140	120	110	100	90	80	70	60	50	40
901 - 925	145	125	115	105	95	85	75	65	55	45
926 - 950	150	130	120	110	100	90	80	70	60	50
951 - 975	155	135	125	115	105	95	85	75	65	55
976 - 1,000	160	140	130	120	110	100	90	80	70	60
1,001 - 1,025	165	145	135	125	115	105	95	85	75	65
1,026 - 1,050	170	150	140	130	120	110	100	90	80	70
1,051 - 1,075	175	155	145	135	125	115	105	95	85	75
1,076 - 1,100	180	160	150	140	130	120	110	100	90	80
1,101 - 1,125	185	165	155	145	135	125	115	105	95	85
1,126 - 1,150	190	170	160	150	140	130	120	110	100	90
1,151 - 1,175	195	175	165	155	145	135	125	115	105	95

* For each additional \$25 net income over \$1175 (Col. A) the maximum required monthly contribution is increased \$5 in each column under B and C.

Note:--When the spouse of the applicant is making the statement the above scale does not apply unless the income of that spouse is his or her separate property, i.e., is not community income under the community property laws of California.

Certified as a Regulation (or
as Regulations) of the

Dept. of Social Welfare
(Name of State Agency)

Charles J. Schoultz
(Signature)

Director
(Title)

12-31-52
(Date)

AREA OFFICES

LOS ANGELES OFFICE
MICHIGAN 8411
MIRROR BUILDING
145 SOUTH SPRING STREET
12

SACRAMENTO OFFICE
GILBERT 2-4711
924 NINTH STREET
14

SAN FRANCISCO OFFICE
EXBROOK 2-8751
GRAYSTONE BUILDING
948 MARKET STREET
2

Earl Warren
Governor

STATE HEADQUARTERS

SACRAMENTO
GILBERT 2-4711
616 K STREET
14

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND
DIRECTOR

December 31, 1952

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

ADDRESS REPLY TO:

616 K Street
Sacramento 14

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare with Boarding Home Manual Letter No. 29.

These regulations were adopted by the State Social Welfare Board on December 15, 1952, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Section 103, and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

Charles I. Schottland

Charles I. Schottland
Director

Attachments

FILED

In the office of the Secretary of State
of the State of California

DEC 31 1952

3:10 P.M.

FRANK M. JORDAN, Secretary of State

By *Charles I. Schottland*
Assistant Secretary of State

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14
January 7, 1953

BOARDING HOME MANUAL LETTER NO. 29

The attached revisions numbered 120 through 129 are to be entered in your copy of the Manual of Boarding Homes for Aged and Children and the revision numbers canceled on the inside of the manual cover.

These revisions were adopted by the State Social Welfare Board on December 15, 1952, to be effective February 1, 1953.

Secs. I-200, I-205, I-210, I-215, I-220, and I-230 have been revised to clarify jurisdictional lines between boarding homes for the aged, licensed by the State Department of Social Welfare and accredited agencies, and nursing homes, which are licensed by the State Department of Public Health; also to minimize existing confusion which has resulted in misuse of boarding homes to care for ill persons. Procedures for referral of homes from accredited agencies to the State Department of Public Health have been changed to eliminate referral through the State Department of Social Welfare. The responsibilities of the State Department of Public Health have been more specifically stated.

The policy on dual licensing has been changed to provide for licensing by the State Department of Public Health of all infirmaries in segregated wings and for consultation from the State Department of Public Health on all other infirmary units.

Sec. V-310, as revised, includes a definition of the term "non-ambulatory" and requires fire safety clearances for all homes for the aged in which a non-ambulatory person is living.

Sec. VI-200, as revised, reduces the retention time for obsolete records from 10 to 5 years and provides for their destruction.

The entire chapter on revocations and appeals (Chapter X) is being re-issued. The following are the most important additions and revisions:

1. Appeal from denial or modification of renewal license must be filed within 30 days.
2. Applicants must be informed of right of appeal.
3. The SDSW will delegate authority to revoke licenses and to hear appeals to accredited agencies having a satisfactory plan for conducting hearings. Procedures are set forth for agencies accepting delegation.
4. Instructions are given for the preparation of the case for hearing, setting the case for hearing, and issuance of subpoenas.

Attached is Sec. XVIII of the Appendix.

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I-205 APPLICATION OF HOSPITAL LICENSING ACT TO FAMILY
BOARDING HOMES FOR AGED PERSONS

I-205

Family homes for aged persons (see Sec. I-120) will be classified as nursing, convalescent, or rest homes and, as such, will be subject to license by the SDPH, under the following circumstances:

1. If persons requiring chronic or convalescent care are admitted to the home.

Aged persons who require bedside nursing service, administration of medication, or medical treatment from the home are considered chronic or convalescent patients.

Aged persons who are deaf or blind, feeble, or otherwise disabled are not necessarily considered chronic or convalescent patients, provided they are not in need of nursing care, administration of medication or medical treatment from the home. Such persons may be admitted to homes for the aged where their physical safety is assured (see Sec. V-310, Fire Safety Clearance).

Aged persons who are under the care of a physician, but who can administer their own medications, or who receive all treatment outside of the home, are not considered to be chronic or convalescent patients.

2. If an aged guest living in the home develops a severe acute illness, or chronic or long-term illness, requiring bedside care, complicated nursing procedures or medical treatment from the home, and continues to live in the home. (Exception may be made in individual, unusual circumstances. For example, if the guest who becomes ill has lived for a number of years in the home and has developed close ties to the boarding home family and if the family is willing and able to provide the nursing care and medical supervision needed, and if the guest's physician recommends that the patient not be moved or indicates that moving to a hospital or nursing home would endanger the health or well being of the aged guest, the family home may be permitted to keep this guest without being classified as a nursing home.)

Aged guests with minor, temporary illnesses are not considered to be chronic or convalescent patients. Determination of "minor, temporary illness" is to be made by the aged guest's physician, who should be called in all cases of illness.

Homes Caring for Only One Person

The SDPH, in its definition of "nursing, convalescent, or rest home," excludes from licensing homes caring for only one person.

(Section Continued on Next Page)

I-200

THE HOSPITAL LICENSING ACT AS IT APPLIES TO HOMES AND
INSTITUTIONS FOR AGED

I-200

Under the provisions of Secs. 1400 through 1421, Health and Safety Code, private hospitals, sanatoria, nursing homes, and convalescent homes are required to secure a license from the State Department of Public Health. Mental institutions are excluded, and also facilities which depend upon prayer or spiritual means for healing in the practice of the religion.

Definition of Hospital

The SDPH defines "hospital" as any institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care, and treatment of human illness, including convalescence, or which maintains and operates organized facilities for any such purpose, and to which persons may be admitted for overnight stay or longer. This includes sanatoria, rest homes, nursing homes, and clinics providing overnight care.

Definition of Nursing, Convalescent, or Rest Home

The SDPH defines a nursing, convalescent, or rest home as "any place or institution which makes provisions for bed care, or for chronic or convalescent care, for two (2) or more patients exclusive of relatives, who by reason of illness or physical infirmity, are unable to properly care for themselves. Persons providing such care in their homes, with or without compensation, for less than two (2) persons, shall comply with all public health regulations, and shall maintain standards equivalent to the requirements of the SDSW for boarding homes."

The SDPH is responsible for supervision of "one-bed nursing homes."
(See Sec. I-210.)

Definition of Chronic or Convalescent Care

Chronic or convalescent care is defined by the SDPH as care given to a person because of prolonged physical illness or defect, or during recovery from injury or disease, and includes any or all of the procedures commonly employed in waiting on the sick, such as administration of medicines, or preparation of special diets, giving of bedside care, application of dressings or bandages, and carrying out of treatments prescribed by a duly licensed practitioner of the healing arts.

I-210 PROCEDURE FOR REFERRAL OF FAMILY BOARDING HOMES TO SDPH

I-210

Family boarding homes classified as nursing, convalescent, or rest homes including "one-bed homes" shall be either referred immediately to SDPH for licensing or requested to discharge all chronic and convalescent patients.

Referral shall be made directly to SDPH (Bureau of Hospitals, 760 Market Street, San Francisco 2*) by the accredited agency. The referral report shall include the following information:

- Name of the home
- Address of the home
- Name and address of operator
- Licensing status of the home with the accredited agency (including date of expiration if currently licensed and number of guests for which licensed)
- Number of guests now in the home and a brief description of their physical and mental condition and of the services they require from the home (as described by the operator or by observation--medical diagnosis is not required)
- A statement of the operator's desire or intent with regard to admission policies, services to be offered, etc.

Referral shall not be made without prior discussion with the operator and a determination that she wishes to conduct a nursing home rather than a boarding home for aged.

The case shall be kept open following referral until notification is received from the SDPH that jurisdiction has been accepted.

One-bed Nursing Homes

A home determined to be a one-bed nursing home shall be referred to the SDPH for supervision, even though licensing by the SDPH is not required. It is the responsibility of SDPH to inspect such facilities to secure compliance with standards equivalent to the requirements of the SDSW for aged boarding homes.

(Section Continued on Next Page)

* In Los Angeles City, the City Health Department, and in Los Angeles County, the County Health Department are delegated agencies of the SDPH and referrals in these areas should be directly to the City or County Health Department.

I-205 (Continued)

I-205

The SDSW does not exempt one-guest boarding homes from license. However, the SDSW does not assume responsibility for licensing, supervision, or inspection of one-bed nursing homes.

In determining whether a home for only one person is a boarding home or a nursing home, the following criteria shall be used:

1. If the aged person was admitted to the home as a chronic or convalescent patient, the home shall be considered a nursing home and referred to the SDPH.
2. If the aged guest was in good general health on admission, has lived in the home for a number of years, and is now in need of nursing care (see exception--Sec. I-205, Item 2), the home should not be classified as a "nursing home," and licensing responsibility will be retained by the SDSW.

Licensing of Facilities Depending on Prayer or Spiritual Means of Healing

Private facilities which depend upon prayer or spiritual means for healing in the practice of religion are excluded from the provisions of the hospital licensing law and the handicapped persons licensing law (see Sec. I-220, The Establishment for Handicapped Persons Law as Applied to Homes and Institutions for Aged) administered by the SDPH. Such a facility, if operated as a "place for the reception or care of aged persons," comes within the provisions of the W&IC 2300.

I-215 APPLICATION OF HOSPITAL LICENSING ACT TO INSTITUTIONS
FOR AGED

I-215

Institutions for aged persons (see Sec. I-130) which admit chronic or convalescent patients are considered to be nursing homes or hospitals and, as such, subject to license by the SDPH. In order to avoid dual licensing, such institutions will, in general, be licensed only by the SDPH. See Sec. I-230, Dual Jurisdiction, for exceptions.

Institutions for aged persons which admit only well persons, but which continue to care for those who become ill after entrance, are not considered to be nursing homes or hospitals, until the characteristics of the home change from care of the well aged to care of the ill. Such institutions for aged persons will, in general, be licensed only by the SDSW. See Sec. I-230, Dual Jurisdiction, for exceptions.

I-220 THE ESTABLISHMENT FOR HANDICAPPED PERSONS LAW AS APPLIED TO
HOMES AND INSTITUTIONS FOR AGED

I-220

Under Secs. 1500 through 1517, inclusive, of the Health and Safety Code relating to establishments rendering services to handicapped persons, the SDPH has responsibility for licensing, inspection, and regulation of schools, institutes, institutions, centers, and custodial homes providing special services such as schooling, medical advice or treatment, physiotherapy, any form of muscle training, massage, speech training, occupational training, vocational training, or custodial care for handicapped persons.

Excluded are establishments conducted by or for adherents of any well recognized religious sect depending on prayer or spiritual means for healing, and private schools or colleges, the principle purpose of which is to teach business, commercial, or vocational courses. Also excluded from this law are establishments conducted by the federal government, facilities under the jurisdiction of the SDMH, facilities already coming under the jurisdiction of the hospital licensing law, services provided by licensed practitioners of the healing arts, and establishments operated by or under the jurisdiction of state, local, or district departments of education.

Definition of Handicapped Person

A handicapped person is defined as one who does not have complete use or control of his body or limbs because of physical defect or defects, either congenital or acquired through disease, accident, or faulty development. Handicapping conditions include conditions such as those of

(Section Continued on Next Page)

I-210 (Continued)

I-210

Original Inquiries for Nursing Home License

Original inquiries in which the operator, or potential operator, indicates intent or desire to operate a nursing home should be referred directly to the SDPH. If there is no application or license active with the SDSW or the accredited agency, the inquiry may be closed following referral to the SDPH.

Procedures if SDPH Rejects Application

1. If the SDPH notifies the accredited agency that an active boarding home referred for licensing as a nursing home can not be licensed by the SDPH, it shall be the responsibility of the accredited agency to enforce the requirements of the SDSW prohibiting the care of chronic or convalescent patients in a boarding home for aged.

Assistance may be requested from the SDPH in gaining compliance with the regulations of both departments in such cases.

2. If the SDPH rejects an original application for a nursing home license (no application or license is on file with SDSW) and refers the applicant to the SDSW for licensing as a boarding home for aged, it is the responsibility of the SDPH to see that all chronic or convalescent patients are removed prior to referral to the SDSW.

I-230 DUAL JURISDICTION

I-230

By agreement between the SDSW and the SDPH, dual licensing is to be avoided wherever possible. According to this agreement, homes or institutions which admit persons in need of chronic or convalescent care will be licensed only by the SDPH, even though they may also admit physically well aged persons. Institutions which admit the well aged only and which continue to care for guests who become ill after admission, if the characteristics of the institution remain substantially those of a facility for the care of the well aged, shall be licensed only by the SDSW. The exceptions to the above in which dual licensing has been determined to be necessary are as follows:

1. A home or institution under the jurisdiction of the SDPH which enters into life care agreements with aged patients and which, therefore, requires a certificate of authority under W&IC 2350. In such cases, the SDSW will issue a license to conduct a home or institution on the basis of the hospital license, without a social study, and the certificate of authority is issued on the basis of fiscal study by the SDSW.
2. A home or institution for aged admitting only well aged which continues to care for those who become ill and which maintains a hospital or infirmary in a separate building or in a segregated wing of the building. In such cases, the SDPH will license the hospital building or the segregated wing only, and the SDSW will license the part of the institution for the well aged. Institutions for the aged under the jurisdiction of the SDSW, which maintain infirmaries or hospital units which are not fully segregated from the residential facilities must meet nursing home requirements of the SDPH but are not required to have a hospital license. The SDSW will obtain consultation from the SDPH to secure compliance with nursing home standards.
3. A home or institution admitting both well aged persons and chronic and convalescent patients and which conducts the two programs in two or more separate buildings may be subject to dual licensing if all of the buildings can not be licensed by the SDPH or if the program for care of the well aged is a large one.

Determination of dual licensing under Item 3 above shall be made on an individual case basis after consultation between the SDSW and the SDPH.

I-220 (Continued)

I-220

an orthopedic or neurologic nature (cerebral palsy, poliomyelitic paralysis, etc.), those due to loss of vision or hearing, and those resulting from rheumatic or congenital heart disease.

Application of Handicapped Persons Licensing Law to Homes and
Institutions for the Aged

A home or institution for the well aged under the licensing jurisdiction of the SDSW or its accredited licensing agencies may accept crippled or handicapped persons who are ambulatory or non-ambulatory and still remain under the licensing jurisdiction of the SDSW provided bed patients are not accepted and provided persons are not accepted who are chronically ill or in need of convalescent care or continued medical care. For example, a boarding home for the aged may accept for care recipients of blind aid or may accept persons who are deaf or crippled if the individual's need is for substitute home care rather than medical or nursing care. However, a home or institution, the primary purpose of which is admitting handicapped persons for care, is within the licensing jurisdiction of the SDPH. Determination of jurisdiction under the establishments for handicapped persons licensing law rests with the SDPH.

V-313 CLEARANCE WHEN LOCAL FIRE INSPECTION UNAVAILABLE

V-313

Any boarding home for aged or children listed in Sec. V-310 for which no local fire inspection is available may be licensed without clearance. However, if it is believed fire hazards exist, the home shall be referred to the SDSW which will request inspection by the State Fire Marshal. Referral to the SDSW shall include the following information; name and address of foster parent or operator and directions for reaching the home; number of foster children or aged persons under care and any pertinent information about their physical condition; description of the building and fire hazards noted.

V-316 DENIAL OF FIRE SAFETY CLEARANCE

V-316

See Sec. V-830 regarding action to be taken when the fire authority denies fire safety clearance.

V-320 OTHER CLEARANCES

V-320

Clearances other than for fire safety, such as health or housing, which may be required because of special problems, shall also be on file.

V-310 FIRE SAFETY CLEARANCE

V-310

The following boarding homes shall be referred to local fire departments annually for clearance before license is issued (Form BH 23.6 is available for this purpose):

Aged Homes:

1. Boarding homes for the aged accommodating more than nine aged persons of the ambulatory type only.
2. Boarding homes for the aged accommodating any non-ambulatory persons. For the purpose of deciding upon referral to the fire safety authority, a guest who is incapable of leaving the building without assistance of any type in event of an emergency shall be considered as non-ambulatory. Aged guests who are blind, feeble, or physically handicapped (using crutches, canes, walkers, or wheelchairs) may be considered ambulatory or non-ambulatory depending on their individual abilities and the physical set up of the home. If there is any question of the ability of any guest to leave the building unaided, fire inspection shall be requested.
3. Any aged boarding home which appears to present a fire hazard.

Children's Boarding Homes:

1. Boarding homes for children accommodating more than six foster children for day care or 24-hour care.
2. Boarding homes for children (day or 24-hour care) located in Federal Housing Projects.
3. Any children's boarding home which appears to present a fire hazard.
4. In boarding homes with expanded summer programs, all temporary structures used in summer only, regardless of the number of children cared for.

041-IV

VI-200 RETENTION AND DESTRUCTION OF CASE RECORDS

VI-200

Boarding home records maintained by the agency are records of the SDSW and may be destroyed only with the approval of the Director of the SDSW and with the approval of the Department of Finance pursuant to Sec. 11092 of the Government Code.

Boarding home records shall be retained at least five years after they become inactive. Thereafter the agency may obtain authority for destruction of such records by applying to the SDSW which, if it determines that the records have served their purpose and are no longer required, will request the Department of Finance for approval of destruction. The SDSW will notify the agency whether or not destruction has been approved.

VI-250 PURPOSE AND METHOD OF RECORDING

VI-250

Case recording is a part of the process of determining whether a home meets licensing standards. An accurate and complete case record justifies the expenditure of public money by showing that funds have been properly expended in the exercise of the provisions of the law and the rules and regulations of the SDSW. The case record protects the agency, improves the service to the applicant or licensee and the public using the home, conserves the efforts of the agency, and assists in evaluating the quality and quantity of the agency's work.

(Section Continued on Next Page)

CHAPTER VI

CASE RECORDS

VI-100 CONTENT OF CASE RECORD OF BHA AND BHC

VI-100

The accredited licensing and inspection agency shall maintain case records containing all information secured regarding each application for a boarding home license, and each licensed boarding home. A record should also be made of inquiries which do not result in an application for license. When an application is denied, the record shall contain full information about the point or points upon which the denial is based.

Information may be recorded on Forms BHA 21 or BHC 21 for new applications, or on Form BHC 22 for renewals for boarding homes for children, supplemented by a narrative record, or an adequate narrative record may be substituted for these forms.

Case records shall also include, in a uniform arrangement, copies of all forms completed in connection with the application, and social study, and copies of all correspondence. The case record shall contain a copy of the license issued by the accredited licensing agency or a carbon copy of the information contained on the face of the license issued. The accredited inspection agency case records shall contain copies of the notification from the SDSW that a license has been issued.

VI-150 BOARDING HOME RECORD AND CHILD PLACEMENT RECORD

VI-150

Information as to the general adequacy of care given children placed in the home is properly a part of the boarding home record, but information regarding the needs, progress and adjustment of specific children in the boarding home is properly contained in the child's own record (ANC record or other placement record) rather than in the boarding home record.

X-120 APPEAL FROM DENIAL OR MODIFICATION OF RENEWAL LICENSE

X-120

Within 30 days from mailing of notice of denial of application for a renewal license, or modification of a renewal license, an appeal may be filed with the SDSW or the accredited agency to which the right to conduct hearings has been delegated. Denial letters shall inform the applicant of the right to appeal and the time limit for filing an appeal.

Definitions:Appeal:

An appeal is defined as a statement in writing, signed by the applicant, expressing dissatisfaction with the action of the accredited agency and requesting a hearing.

Renewal Application:

A renewal application is defined as an application for renewal of license filed by a licensed boarding home operator at least 10 days prior to the expiration of the current license, for the same number of children or aged persons and the same type of care, in the same location as the current license.

X-130 COMPLAINTS

X-130

Complaints to the SDSW by applicants for license on actions of accredited agencies on new or renewal applications shall be promptly investigated by the area offices of the SDSW which shall take appropriate action to assist the accredited agency in a satisfactory solution of the complaint.

The investigation will usually be limited to a review of the accredited agency record and discussion with the accredited agency of a satisfactory way of handling the complaint, either through correcting or amending the action or through better interpretation to the complainant.

Complaints on renewal actions which are not adjusted to the satisfaction of the licensee may result in a formal appeal. (See Sec. X-120.)

CHAPTER X

REVOCATIONS AND APPEALS

X-100 LEGAL BASIS FOR REVOCATIONS AND APPEALS

X-100

The W&IC provides for revocation of licenses for cause after a hearing before the SDSW or an approved and accredited inspection service, for revocation of Certificates of Authority after a hearing before the SSWB and for appeals from denial of a renewal license or a renewal of Certificate of Authority. (W&IC 1624, 1625, 2304, 2305, 2356)

Proceedings on revocations and appeals must be conducted in accordance with Chapter 5 of Part 1 of Division 3 of Title 2 of the Government Code.

(See Appendices I, II, and IV for Extracts from W&IC and Appendix XVIII for applicable sections of the Government Code.)

X-110 DENIAL OF ORIGINAL APPLICATIONS FOR LICENSE

X-110

There is no right of appeal from the denial of an original application for license. Complaints from applicants who are dissatisfied with accredited agency actions on new applications shall, however, be investigated promptly by the area office of the SDSW (see Sec. X-130).

X-200 PROCEDURES TO BE FOLLOWED BY ACCREDITED AGENCIES TO WHICH
HEARING RIGHTS HAVE BEEN DELEGATED

X-200

Accredited agencies may set up their own internal procedures for processing revocations and appeals. The following criteria shall be met:

1. The conditions of the Government Code. (See Appendix XVIII.)
2. Prompt action on appeals and revocations.

X-205 NOTIFICATION TO THE SDSW

X-205

The accredited agency shall notify the SDSW when an appeal is filed or a revocation is initiated, giving the name and address of the licensee and a brief report of the circumstances leading to the appeal or revocation.

The accredited agency shall report to the SDSW the results of the hearings within 30 days of the decision.

The SDSW shall be notified if appeals or revocations are withdrawn or otherwise settled without a hearing.

X-210 PROCEDURES FOR REVOKING LICENSES WHEN REVOCATION AUTHORITY
IS RETAINED BY THE SDSW

X-210

The procedures set forth in the Government Code are the basic instructions to be followed in revocation actions. Secs. X-220 - X-300 following are supplementary to the Government Code.

X-150 DELEGATION OF AUTHORITY TO REVOKE LICENSES AND TO HEAR
APPEALS TO ACCREDITED LICENSING AGENCIES

X-150

The SDSW will delegate authority to revoke licenses and to hear appeals to accredited agencies making a written request for this delegation and presenting a satisfactory plan for conducting hearings in accordance with the Government Code. (See Appendix XVIII.)

The costs of hearings under this section shall be borne by the accredited agency, but are a proper administrative expense which may be claimed up to the maximum subvention allowance.

X-160 CAUSE FOR REVOCATION - BASIS FOR DENIAL OF RENEWAL APPLICATION

X-160

Action to revoke licenses shall be initiated by the accredited agency if the following conditions are discovered during the period the license is in effect. If the conditions are found during a renewal study, the renewal license shall be denied.

1. If there is a serious life or health hazard in the home which the foster parent or parents or the operator of a home for aged has been instructed to correct and which he either refuses to correct or fails within a reasonable period of time to correct, or which is impossible to correct.
2. If there is evidence of wilful mistreatment or neglect (either physical or emotional) of the children or aged persons in the home, which the foster parent or operator is unable or unwilling to correct.
3. If there is wilful persistent violation of the terms of the license (e.g., overcrowding, care of chronically ill aged, etc.).
4. If there are other wilful serious violations of the standards.

X-270 DETERMINATION OF TYPE OF HEARING

X-270

001 The Government Code provides for hearings by a referee alone or before the SSWB with a referee presiding.

01 As soon as it is determined that a hearing will be necessary, the area office shall request the Assistant Secretary of the SSWB to determine whether the board wishes to hear the case or have the hearing conducted by the hearing officer alone.

X-280 SETTING THE CASE FOR HEARING

X-280

When the case is ready for hearing, the area office of the SDSW shall request the Appeals Unit in Central Office to arrange for a hearing date and a hearing officer.

The area office shall make arrangements for the hearing room, and shall issue the Notices of Hearing to the hearing officer, the deputy attorney general, the licensee, the licensee's attorney (if any), the accredited agency, and any other officials directly involved.

The hearing officer shall be provided with a copy of pertinent documents and with a copy of the applicable licensing standards and rules and regulations of the SDSW.

X-290 ISSUANCE OF SUBPOENAS

X-290

Subpoenas may be issued prior to the hearing by the Area Director or upon application to the Secretary of the SSWB. After the hearing has commenced, the hearing officer also may issue subpoenas.

The party requesting the subpoena shall arrange for service and payment of witness fees and mileage.

Witnesses are entitled to fees of \$2.00 per day plus necessary mileage, one way, at ten cents per mile. If a witness demands fees in advance, he may not be compelled to attend until fees for one day have been paid.

Checks for fees of SDSW witnesses will be issued by Central Office upon receipt of the necessary information from the area office.

X-300 SSWB DECISIONS ON CASES HEARD BY HEARING OFFICER ALONE

X-300

The hearing officer's proposed decision on the case is to be forwarded to the Appeals Unit in Central Office which will take responsibility for arranging for the necessary board action.

X-220 NOTIFICATION TO THE SDSW BY ACCREDITED AGENCY OF DESIRE
TO REVOKE LICENSE

X-220

If the accredited agency determines that there is cause to revoke a license, it shall immediately notify the area office of the SDSW in writing, giving the name and address of the licensee and all pertinent information including licensing history, the cause for revocation, and a summary of the agency's efforts to correct the situation.

X-230 CONSULTATION PRIOR TO REVOCATION DECISION

X-230

The accredited agency may request assistance from the SDSW in determining whether there is cause for revocation or denial of renewal license as well as on methods of working with foster parents and operators of homes to bring about necessary changes and improvements.

X-240 SDSW ACTION ON REQUEST TO REVOKE LICENSE AND ON APPEALS

X-240

Upon receipt of the notification from the accredited agency requesting revocation of license, or upon receipt of a signed appeal, the area office of the SDSW shall review the accredited agency case record and discuss the proposed revocation or the denial action with the accredited agency.

X-250 SDSW CONSULTATION WITH ATTORNEY GENERAL

X-250

Immediately upon receipt of the appeal or upon reaching the decision that revocation is necessary, the area office of the SDSW shall consult with the Attorney General who will advise the department on preparation of the case for hearing.

X-260 PREPARATION OF THE CASE FOR HEARING - ISSUANCE OF DOCUMENTS

X-260

The area office of the SDSW shall prepare the case for hearing in accordance with the Government Code and instructions from the Attorney General. All of the documents required by the Government Code are to be issued by the area office.

APPENDIX

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(c) Full-time hearing officers serving pursuant to appointment under subdivision (a) shall be paid at the rate of not less than four thousand eight hundred dollars (\$4,800) per year.

11503. Revocation, suspension, etc., of right, etc.: Initiation by accusation: Contents: Verification. A hearing to determine whether a right, authority, license or privilege should be revoked, suspended, limited or conditioned shall be initiated by filing an accusation. The accusation shall be a written statement of charges which shall set forth in ordinary and concise language the acts or omissions with which the respondent is charged, to the end that the respondent will be able to prepare his defense. It shall specify the statutes and rules which the respondent is alleged to have violated, but shall not consist merely of charges phrased in the language of such statutes and rules. The accusation shall be verified unless made by a public officer acting in his official capacity or by an employee of the agency before which the proceeding is to be held. The verification may be on information and belief.

11504. Hearing on issuance or renewal of license: Initiation by statement of issues: Contents: Verification: Service. A hearing to determine whether a right, authority, license or privilege should be granted, issued or renewed shall be initiated by filing a statement of issues. The statement of issues shall be a written statement specifying the statutes and rules with which the respondent must show compliance by producing proof at the hearing, and in addition any particular matters which have come to the attention of the initiating party and which would authorize a denial of the agency action sought. The statement of issues shall be verified unless made by a public officer acting in his official capacity or by an employee of the agency before which the proceeding is to be held. The verification may be on information and belief. The statement of issues shall be served in the same manner as an accusation; provided, that, if the hearing is held at the request of the respondent, the provisions of Sections 11505 and 11506 shall not apply and the statement of issues together with the notice of hearing shall be delivered or mailed to the parties as provided in Section 11509.

11505. Service of accusation: Form, manner and proof. (a) Upon the filing of the accusation the agency shall serve a copy thereof on the respondent as provided in subdivision (c). The agency may include with the accusation any information which it deems appropriate, but it shall include a post card or other form entitled Notice of Defense which, when signed by or on behalf of the respondent and returned to the agency, will acknowledge service of the accusation and constitute a notice of defense under Section 11506. The copy of the accusation shall include or be accompanied by a statement that respondent may request a hearing by filing a notice of defense as provided in Section 11506 within 15 days after service upon him of the accusation, and that failure to do so will constitute a waiver of his right to a hearing.

(b) The statement to respondent shall be substantially in the following form:

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XVIII ADMINISTRATIVE ADJUDICATION - GOVERNMENT CODE SECTIONS 11500-11528

XVIII

(Excerpts from Government Code)

CHAPTER 5

11500. Definitions. In this chapter unless the context or subject matter otherwise requires:

(a) "Agency" includes the state boards, commissions and officers enumerated in Section 11501 and those to which this chapter is made applicable by law, except that wherever the word "agency" alone is used the power to act may be delegated by the agency and wherever the words "agency itself" are used the power to act shall not be delegated unless the statutes relating to the particular agency authorize the delegation of the agency's power to hear and decide.

(b) "Party" includes the agency, the respondent and any person, other than an officer or an employee of the agency in his official capacity, who has been allowed to appear in the proceeding.

(c) "Respondent" means any person against whom an accusation is filed pursuant to Section 11503 or against whom a statement of issues is filed pursuant to Section 11504.

(d) "Hearing officer" means a hearing officer qualified under Section 11502.

(e) "Agency member" means any person who is a member of any agency to which this chapter is applicable and includes any person who himself constitutes an agency.

11501. Extent to which procedure conducted pursuant to chapter: Agencies included.

(a) The procedure of any agency shall be conducted pursuant to the provisions of this chapter only as to those functions to which this chapter is made applicable by the statutes relating to the particular agency.

(b) The enumerated agencies referred to in Section 11500 are:
Department of Social Welfare,
Social Welfare Board.

11502. Qualifications of hearing officers: Compensation. (a) The Director of the Department of Professional and Vocational Standards has power to appoint a staff of hearing officers for the department as provided in Section 110.5 of the Business and Professions Code. Any agency requiring full-time hearing officers for the purposes of this act has power to appoint them for the particular agency. Each hearing officer shall have been admitted to practice law in this State for at least five years immediately preceding his appointment and shall possess any additional qualifications established by the State Personnel Board for the particular class of position involved.

(b) All persons now employed or on reemployment lists or in the military service who, pursuant to and in accordance with the terms and provisions of their civil service classifications and prior to the effective date of this act, shall have performed functions similar to those of a hearing officer in an agency may act as hearing officers in the same agency and shall not be subject to the qualifications provisions of subdivision (a).

(Section Continued on Next Page)

but he shall not be entitled to file a further pleading unless the agency in its discretion so orders. Any new charges shall be deemed controverted, and any objections to the amended or supplemental accusation may be made orally and shall be noted in the record.

11508. Time and place of hearing: Selection of place by parties' agreement. The agency shall determine the time and place of hearing. The hearing shall be held in San Francisco if the transaction occurred or the respondent resides within the First District Court of Appeal district, in the County of Los Angeles if the transaction occurred or the respondent resides within the Second or Fourth District Court of Appeal districts, and in the County of Sacramento if the transaction occurred or the respondent resides within the Third District Court of Appeal district. Provided that the agency, if the transaction occurred in a district other than that of respondent's residence, may select the county appropriate for either district; the agency may select a different place nearer the place where the transaction occurred or the respondent resides; or the parties by agreement may select any place within the State.

11509. Notice of hearing. The agency shall deliver or mail a notice of hearing to all parties at least 10 days prior to the hearing. The hearing shall not be prior to the expiration of the time within which the respondent is entitled to file a notice of defense.

The notice to respondent shall be substantially in the following form but may include other information:

You are hereby notified that a hearing will be held before (here insert name of agency) at (here insert place of hearing) on the day of, 19..., at the hour of, upon the charges made in the accusation served upon you. You may be present at the hearing, may be but need not be represented by counsel, may present any relevant evidence, and will be given full opportunity to cross-examine all witnesses testifying against you. You are entitled to the issuance of subpoenas to compel the attendance of witnesses and the production of books, documents or other things by applying to (here insert appropriate office of agency).

11510. Subpoenas: Distance more than 100 miles from residence: Witness fees and mileage: Payment. (a) Before the hearing has commenced the agency shall issue subpoenas and subpoenas duces tecum at the request of any party in accordance with the provisions of Section 1985 of the Code of Civil Procedure. After the hearing has commenced the agency itself hearing a case or a hearing officer sitting alone may issue subpoenas and subpoenas duces tecum.

(b) The process issued pursuant to subdivision (a) shall extend to all parts of the State and shall be served in accordance with the provisions of Section 1987 and 1988 of the Code of Civil Procedure. No witness shall be obliged to attend at a place out of the county in which he resides unless the distance be less than 100 miles from his place of residence, except that the agency, upon affidavit of any party showing that the testimony of such witness is material and necessary, may indorse on the subpoena an order requiring the attendance of such witness.

(Section Continued on Next Page)

XVIII (Continued)

XVIII

Unless a written request for a hearing signed by or on behalf of the person named as respondent in the accompanying accusation is delivered or mailed to the agency within 15 days after the accusation was personally served on you or mailed to you, (here insert name of agency) may proceed upon the accusation without a hearing. The request for a hearing may be made by delivering or mailing the enclosed form entitled Notice of Defense, or by delivering or mailing a notice of defense as provided by Section 11506 of the Government Code to: (here insert name and address of agency).

(c) The accusation and all accompanying information may be sent to respondent by any means selected by the agency. But no order adversely affecting the rights of the respondent shall be made by the agency in any case unless the respondent shall have been served personally or by registered mail as provided herein, or shall have filed a notice of defense or otherwise appeared. Service may be proved in the manner authorized in civil actions. Service by registered mail shall be effective if a statute or agency rule requires respondent to file his address with the agency and to notify the agency of any change, and if a registered letter containing the accusation and accompanying material is mailed, addressed to respondent at the latest address on file with the agency.

11506. Notice of defense: Waiver of right to hearing. (a) Within 15 days after service upon him of the accusation the respondent may file with the agency a notice of defense in which he may:

- (1) Request a hearing;
- (2) Object to the accusation upon the ground that it does not state acts or omissions upon which the agency may proceed;
- (3) Object to the form of the accusation on the ground that it is so indefinite or uncertain that he can not identify the transaction or prepare his defense;
- (4) Admit the accusation in whole or in part;
- (5) Present new matter by way of defense.

Within the time specified respondent may file one or more notices of defense upon any or all of these grounds, but all such notices shall be filed within that period unless the agency in its discretion authorizes the filing of a later notice.

(b) The respondent shall be entitled to a hearing on the merits if he files a notice of defense, and any such notice shall be deemed a specific denial of all parts of the accusation not expressly admitted. Failure to file such notice shall constitute a waiver of respondent's right to a hearing, but the agency in its discretion may nevertheless grant a hearing. Unless objection is taken as provided in subdivision (a) (3), all objections to the form of the accusation shall be deemed waived.

(c) The notice of defense shall be in writing signed by or on behalf of the respondent and shall state his mailing address. It need not be verified or follow any particular form.

11507. Amendment of accusation: Supplemental accusation: Oral objections. At any time before the matter is submitted for decision the agency may file or permit the filing of an amended or supplemental accusation. All parties shall be notified thereof. If the amended or supplemental accusation presents new charges the agency shall afford respondent a reasonable opportunity to prepare his defense thereto,

(Section Continued on Next Page)

XVIII (Continued)

XVIII

or be subject to disqualification if his disqualification would prevent the existence of a quorum qualified to act in the particular case.

(d) The proceedings at the hearing shall be reported by a phonographic reporter.

11513. Evidence. (a) Oral evidence shall be taken only on oath or affirmation.

(b) Each party shall have these rights: to call and examine witnesses; to introduce exhibits; to cross-examine opposing witnesses on any matter relevant to the issues even though that matter was not covered in the direct examination; to impeach any witness regardless of which party first called him to testify; and to rebut the evidence against him. If respondent does not testify in his own behalf he may be called and examined as if under cross-examination.

(c) The hearing need not be conducted according to technical rules relating to evidence and witnesses. Any relevant evidence shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the existence of any common law or statutory rule which might make improper the admission of such evidence over objection in civil actions. Hearsay evidence may be used for the purpose of supplementing or explaining any direct evidence but shall not be sufficient in itself to support a finding unless it would be admissible over objection in civil actions. The rules of privilege shall be effective to the same extent that they are now or hereafter may be recognized in civil actions, and irrelevant and unduly repetitious evidence shall be excluded.

11514. Affidavits. (a) (Service of affidavit and notice: Cross-examination: Request: Waiver of right: Effect of affidavit: Where opportunity to cross-examine not afforded.) At any time 10 or more days prior to a hearing or a continued hearing, any party may mail or deliver to the opposing party a copy of any affidavit which he proposes to introduce in evidence, together with a notice as provided in subdivision (b). Unless the opposing party, within seven days after such mailing or delivery, mails or delivers to the proponent a request to cross-examine an affiant, his right to cross-examine such affiant is waived and the affidavit, if introduced in evidence, shall be given the same effect as if the affiant had testified orally. If an opportunity to cross-examine an affiant is not afforded after request therefor is made as herein provided, the affidavit may be introduced in evidence, but shall be given only the same effect as other hearsay evidence.

(b) (Form of notice.) The notice referred to in subdivision (a) shall be substantially in the following form:

The accompanying affidavit of (here insert name of affiant) will be introduced as evidence at the hearing in (here insert title of proceeding). (Here insert name of affiant) will not be called to testify orally and you will not be entitled to question him unless you notify (here insert name of proponent or his attorney) at (here insert address) that you wish to cross-examine him. To be effective your request must be mailed or delivered to (here insert name of proponent or his attorney) on or before (here insert a date seven days after the date of mailing or delivering the affidavit to the opposing party).

(Section Continued on Next Page)

(c) All witnesses appearing pursuant to subpoena, other than the parties or officers or employees of the State or any political subdivision thereof, shall receive fees, and all witnesses appearing pursuant to subpoena, except the parties, shall receive mileage in the same amount and under the same circumstances as prescribed by law for witnesses in civil actions in a superior court. Witnesses appearing pursuant to subpoena, except the parties, who attend hearings at points so far removed from their residences as to prohibit return thereto from day to day shall be entitled in addition to fees and mileage to a per diem compensation of \$3 for expenses of subsistence for each day of actual attendance and for each day necessarily occupied in traveling to and from the hearing. Fees, mileage and expenses of subsistence shall be paid by the party at whose request the witness is subpoenaed.

11511. Depositions. On verified petition of any party, an agency may order that the testimony of any material witness residing within or without the State be taken by deposition in the manner prescribed by law for depositions in civil actions. The petition shall set forth the nature of the pending proceeding; the name and address of the witness whose testimony is desired; a showing of the materiality of his testimony; a showing that the witness will be unable or can not be compelled to attend; and shall request an order requiring the witness to appear and testify before an officer named in the petition for that purpose. Where the witness resides outside the State and where the agency has ordered the taking of his testimony by deposition, the agency shall obtain an order of court to that effect by filing a petition therefor in the superior court in Sacramento County. The proceedings thereon shall be in accordance with the provisions of Section 11189 of the Government Code.

11512. Conduct of hearing: Disqualification of hearing officer or agency member: Phonographic reporter. (a) Every hearing in a contested case shall be presided over by a hearing officer. The agency itself shall determine whether the hearing officer is to hear the case alone or whether the agency itself is to hear the case with the hearing officer.

(b) When the agency itself hears the case the hearing officer shall preside at the hearing, rule on the admission and exclusion of evidence, and advise the agency on matters of law; the agency itself shall exercise all other powers relating to the conduct of the hearing but may delegate any or all of them to the hearing officer. When the hearing officer alone hears a case he shall exercise all powers relating to the conduct of the hearing.

(c) A hearing officer or agency member shall voluntarily disqualify himself and withdraw from any case in which he can not accord a fair and impartial hearing or consideration. Any party may request the disqualification of any hearing officer or agency member by filing an affidavit, prior to the taking of evidence at a hearing, stating with particularity the grounds upon which it is claimed that a fair and impartial hearing can not be accorded. Where the request concerns an agency member the issue shall be determined by the other members of the agency. Where the request concerns the hearing officer the issue shall be determined by the agency itself if the agency itself hears the case with the hearing officer, otherwise the issue shall be determined by the hearing officer. No agency member shall withdraw voluntarily

(Section Continued on Next Page)

11519. Effective date of decision: Exceptions: Stay of execution: Notification of suspension or revocation. (a) The decision shall become effective 30 days after it is delivered or mailed to respondent unless: A reconsideration is ordered within that time, or the agency itself orders that the decision shall become effective sooner, or a stay of execution is granted.

(b) A stay of execution may be included in the decision or if not included therein may be granted by the agency at any time before the decision becomes effective. Where an agency has the power to make a probationary or conditional order the stay of execution provided herein may be accompanied by an express condition that respondent comply with specified terms of probation; provided, however, that the terms of probation shall be just and reasonable in the light of the findings and decision.

(c) If respondent was required to register with any public officer, a notification of any suspension or revocation shall be sent to such officer after the decision has become effective.

11520. Defaults and uncontested cases: Burden of proof: Showing by way of mitigation. If the respondent fails to file a notice of defense or to appear at the hearing, the agency itself may take action based upon the respondent's express admissions or upon other evidence and affidavits may be used as evidence without any notice to respondent; and where the burden of proof is on the respondent to establish that he is entitled to the agency action sought, the agency may act without taking evidence. Nothing herein shall be construed to deprive the respondent of the right to make any showing by way of mitigation.

11521. Reconsideration. (a) The agency itself may order a reconsideration of all or part of the case on its own motion or on petition of any party. The power to order a reconsideration shall expire 30 days after the delivery or mailing of a decision to respondent, or on the date set by the agency itself as the effective date of the decision if such date occurs prior to the expiration of the 30-day period. If no action is taken on a petition within the time allowed for ordering reconsideration the petition shall be deemed denied.

(b) The case may be reconsidered by the agency itself on all the pertinent parts of the record and such additional evidence and argument as may be permitted, or may be assigned to a hearing officer. A reconsideration assigned to a hearing officer shall be subject to the procedure provided in Section 11517. If oral evidence is introduced before the agency itself, no agency member may vote unless he heard the evidence.

11522. Reinstatement of (former) licensee and reduction of penalty. A person whose license has been revoked or suspended may petition the agency for reinstatement or reduction of penalty after a period of not less than one year has elapsed from the effective date of the decision or from the date of the denial of a similar petition. The agency shall give notice to the Attorney General of the filing of the petition and the Attorney General and the petitioner shall be afforded an opportunity to present either oral or written argument before the agency itself. The agency itself shall decide the petition, and the decision shall include the reasons therefor.

(Section Continued on Next Page)

11515. Official notice: Putting noticed matters upon record: Manner of refutation. In reaching a decision official notice may be taken, either before or after submission of the case for decision, of any generally accepted technical or scientific matter within the agency's special field, and of any fact which may be judicially noticed by the courts of this State. Parties present at the hearing shall be informed of the matters to be noticed, and those matters shall be noted in the record, referred to therein, or appended thereto. Any such party shall be given a reasonable opportunity on request to refute the officially noticed matters by evidence or by written or oral presentation of authority, the manner of such refutation to be determined by the agency.

11516. Amendment of accusation after submission. The agency may order amendment of the accusation after submission of the case for decision. Each party shall be given notice of the intended amendment and opportunity to show that he will be prejudiced thereby unless the case is reopened to permit the introduction of additional evidence in his behalf. If such prejudice is shown the agency shall reopen the case to permit the introduction of additional evidence.

11517. Method of decision in contested cases. (a) If a contested case is heard before an agency itself the hearing officer who presided at the hearing shall be present during the consideration of the case and if requested, shall assist and advise the agency. Where a contested case is heard before an agency itself, no member thereof who did not hear the evidence shall vote on the decision.

(b) If a contested case is heard by a hearing officer alone, he shall prepare a proposed decision in such form that it may be adopted as the decision in the case. A copy of the proposed decision shall be filed by the agency as a public record. The agency itself may adopt the proposed decision in its entirety, or may reduce the proposed penalty and adopt the balance of the proposed decision.

(c) If the proposed decision is not adopted as provided in subdivision (b) each party shall be furnished with a copy of the proposed decision. The agency itself may decide the case upon the record, including the transcript, with or without taking additional evidence, or may refer the case to the same or another hearing officer to take additional evidence. If the case is so assigned to a hearing officer he shall prepare a proposed decision as provided in subdivision (b) upon the additional evidence and the transcript and other papers which are part of the record of the prior hearing. A copy of such proposed decision shall be furnished to each party. The agency itself shall decide no case provided for in this subdivision without affording the parties the opportunity to present either oral or written argument before the agency itself. If additional oral evidence is introduced before the agency itself no agency member may vote unless he heard the additional oral evidence.

11518. Form of decision: Findings: Copies to parties. The decision shall be in writing and shall contain findings of fact, a determination of the issues presented and the penalty, if any. The findings may be stated in the language of the pleadings or by reference thereto. Copies of the decision shall be delivered to the parties personally or sent to them by registered mail.

(Section Continued on Next Page)

XVIII (Continued)

XVIII

This section shall not apply if the statutes dealing with the particular agency contain different provisions for reinstatement or reduction of penalty.

11523. Judicial review: By mandamus: Time for petition: Reconsideration petition unnecessary: Preparation of record: Extension of time. Judicial review may be had by filing a petition for a writ of mandate in accordance with the provisions of the Code of Civil Procedure. Except as otherwise provided in this section any such petition shall be filed within 30 days after the last day on which reconsideration can be ordered. The right to petition shall not be affected by the failure to seek reconsideration before the agency. The complete record of the proceedings, or such parts thereof as are designated by the petitioner, shall be prepared by the agency and shall be delivered to petitioner, within 30 days after a request therefor by him, upon the payment of the expense of preparation and certification thereof. The complete record includes the pleadings, all notices and orders issued by the agency, any proposed decision by a hearing officer, the final decision, a transcript of all proceedings, the exhibits admitted or rejected, the written evidence and any other papers in the case. Where petitioner, within 10 days after the last day on which reconsideration can be ordered, requests the agency to prepare all or any part of the record the time within which a petition may be filed shall be extended until five days after its delivery to him. The agency may file with the court the original of any document in the record in lieu of a copy thereof.

11524. Continuances. The agency may grant continuances at any stage of the proceedings.

11525. Contempts: Jurisdiction of Superior Court: Procedure. If any person in proceedings before an agency disobeys or resists any lawful order or refuses to respond to a subpoena, or refuses to take the oath or affirmation as a witness or thereafter refuses to be examined, or is guilty of misconduct during a hearing or so near the place thereof as to obstruct the proceeding, the agency shall certify the facts to the superior court in and for the county where the proceedings are held. The court shall thereupon issue an order directing the person to appear before the court and show cause why he should not be punished as for contempt. The order and a copy of the certified statement shall be served on the person. Thereafter the court shall have jurisdiction of the matter. The same proceedings shall be had, the same penalties may be imposed and the person charged may purge himself of the contempt in the same way, as in the case of a person who has committed a contempt in the trial of a civil action before a superior court.

11526. Voting by mail. The members of an agency qualified to vote on any question may vote by mail.

11527. Charge against funds of agencies. Any sums authorized to be expended under this chapter by any agency shall be a legal charge against the funds of the agency.

11528. Oaths. In any proceedings under this chapter any agency, agency member, secretary of an agency or hearing officer has power to administer oaths and affirmations and to certify to official acts.

AREA OFFICES

LOS ANGELES OFFICE
MICHIGAN 8411
MIRROR BUILDING
145 SOUTH SPRING STREET
12

SACRAMENTO OFFICE
GILBERT 2-4711
924 NINTH STREET
14

SAN FRANCISCO OFFICE
EXBROOK 2-8751
GRAYSTONE BUILDING
948 MARKET STREET
2

Earl Warren
Governor

STATE HEADQUARTERS

SACRAMENTO
GILBERT 2-4711
616 K STREET
14

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND
DIRECTOR

December 29, 1952

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

ADDRESS REPLY TO:
616 K Street
Sacramento 14

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare with Aid to Needy Children Manual Letter No. 22.

These regulations were adopted by the State Social Welfare Board on December 15, 1952, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 103, 103.5, 114(b), and 1560, and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

Charles I. Schottland
Charles I. Schottland
Director

Attachments

FILED

In the office of the Secretary of State
of the State of California

DEC 31 1952 3:12 P.M.

FRANK M. JORDAN, Secretary of State

By *Chas. J. Gentry*
Assistant Secretary of State

Certified as a Regulation (or
as Regulations) of the

Dept of Social Welfare
(Name of State Agency)

Charles D. Scheraga
(Signature)

Director
(Title)

12-29-52
(Date)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14
December 24, 1952

AID TO NEEDY CHILDREN MANUAL LETTER NO. 22

The attached revisions numbered 206 through 211 are to be entered in your copy of the Manual of Policies and Procedures - Aid to Needy Children and the revision numbers canceled on the inside of the manual cover.

These revisions were adopted by the State Social Welfare Board on December 15, 1952, to be effective February 1, 1953.

Sec. C-240 has been revised to provide that continued absence from the home exists from the time the absent parent leaves the home if the parents are separated and a separate maintenance action has been filed and/or an injunction has been issued forbidding a parent from visiting his spouse or children.

Secs. C-403 and C-406, as revised, provide that county residence of children relinquished for adoption be governed by the location of the adoption agency office filing the relinquishment rather than by the parents.

FILED

In the office of the Secretary of State
of the State of California

DEC 31 1952

3:12 P.M.

FRANK M. JORDAN, Secretary of State

By _____
Assistant Secretary of State

C-240 (Continued)

C-240

Dissociation from family relationships is not considered to exist if the parent is absent solely for the purpose of looking for work, working in another locality, serving in the armed forces, visiting, or moving to another community. However, it is recognized that the original purpose of the absence may change. Dissociation is not presumed in cases in which a parent is confined in a penal or correctional institution, but because such a parent is unable to return to the family, he is included in the definition of absent parent. Continued absence of a parent from the home exists if the absent parent has been out of the home at least three months prior to the date of application, in the following situations:

1. The parents are separated and there is no legal action confirming it.
2. One or both parents have deserted.

Continued absence of a parent from the home exists from the time the absent parent leaves the home in the following situations:

1. The parents are divorced or divorce action has been filed and the parents are living separate and apart.
2. The parents are separated and a separate maintenance action has been filed; or an injunction has been issued forbidding a parent from visiting his spouse or children; or both.
3. The marriage of the parents has been annulled.
4. The parents of the child are not married to each other and had not maintained a home together.
5. A parent is confined in a penal or correctional institution (including road camps and county jails).

If the parents are maintaining a home together but the child is living elsewhere, whether placed by the parents, by an authoritative agency, or by an agency acting on behalf of the parents, the child shall not be considered to be deprived of parental support or care due to absence of a parent from the home.

Visits of an absent parent to the home to see the child, or his contributions to the support of the child, would not affect eligibility on the basis of deprivation of parental support or care. Contributions made by the absent parent shall be considered as income in determining need.

If an absent parent returns to the home, he may be unable to assume at once his full responsibility for the child's support or care. Discontinuance of assistance immediately might make family readjustments more difficult and create hardships for the child. Assistance shall be continued as long as necessary but not to exceed

(Section Continued on Next Page)

C-235 (Continued)

C-235

or accurate information, or if there appears to be conflicting information, further evidence of death shall be obtained.

Some examples of other acceptable evidence of death are as follows:

1. Records of an insurance company, fraternal order, coroner, hospital, mortuary, or any organization having direct or primary knowledge of the death.
2. Newspaper or obituary notices, if they give the name of the deceased and the date and place of death.
3. Letters, if they are identifiable with the event and give the necessary information.
4. Statement of a witness to the event such as a doctor, nurse, relative, or other person present at the time of the death or who attended burial rites. Such statements may be oral or written and need not be in form of affidavits. The following points shall be included either in the written statement or in the narrative record:
 - a. Name of the deceased and the relationship to the child.
 - b. Date and place of death.
 - c. Relationship of the witness to the decedent or family, such as attending physician, minister, relative, friend, or casual acquaintance.
 - d. Facts showing that knowledge is primary and direct, not hearsay.
5. Death certificate or certified copy of same.
6. Written verification from the Recorder or Bureau of Vital Statistics giving the necessary information.
7. Court finding of presumptive death.

If there is a stepmother, the narrative shall indicate whether or not the family is living together.

(W&IC 1560)

C-240 DEFINITION OF DEPRIVATION OF PARENTAL SUPPORT OR CARE
BY REASON OF CONTINUED ABSENCE FROM THE HOME

C-240

A child shall be considered deprived of parental support or care if there is continued absence from the home on the part of one or both parents, except that in cases in which the natural father, the step-mother, and child are living together, there is not eligibility for ANC because of the absence of the natural mother.

Continued absence from the home implies a clear dissociation of one or both parents from the normal family relationships.

(Section Continued on Next Page)

C-403 (Continued)

C-403

- d. She has been legally deprived of the child's custody.
- e. The child has been relinquished for adoption to an adoption agency licensed by the SDSW and the relinquishment has been filed with the SDSW.

If the mother is living separate and apart from the father, his residence shall not be deemed to be her residence and she may establish separate residence. Living separate and apart means physical separation and may be voluntary or involuntary, such as long hospitalization or incarceration.

3. Child Relinquished for Adoption

If the child has been relinquished for adoption to an adoption agency licensed by the SDSW and the relinquishment has been filed with the SDSW, the county in which the adoption agency office filing the relinquishment is located shall be considered to be the residence of the child.

4. Legal Guardian or Juvenile Court Wardship - W&IC 1526(c)

If the residence of the child is not governed by the residence of either parent, the child's residence is the same as that of the legal guardian unless the guardian's whereabouts is unknown or he is residing outside California.

If the child has no legal guardian and is a ward of the juvenile court (placed in the custody of the probation officer or committed to the care of the California Youth Authority), the county in which the court is located shall be considered to be the residence of the child.

5. Foundling - W&IC 1526(d)

A foundling (a child deserted by both parents without means of identification) has county residence in the county in which he was found. He retains residence in the county in which he was found unless a legal guardian is appointed or he is made a ward of the juvenile court, in which event residence is governed by Item 4.

6. Public Agency Placement - W&IC 1526(e)

If the residence of the child is not governed by conditions under Items 1 through 5 and the child has been placed in an institution or a boarding home by a public agency, the county in which he had residence at the time of the placement shall be considered his residence,

(Section Continued on Next Page)

C-403 (Continued)

C-403

1. Father - W&IC 1526(a)

If the father is living, the child's county residence is the same as that of the father unless:

- a. He has abandoned the child.
- b. His whereabouts is unknown and the county is unable to locate him.
- c. He is residing outside California.
- d. He has been legally deprived of the child's custody; i.e., by appointment of a legal guardian of the child, by court order declaring the child free from custody and control under W&IC 775 et. seq., or by court order in a divorce action. A parent of a child made a ward of the juvenile court under W&IC 720 et. seq., is not deprived of his child's custody because of the child's commitment.

If the mother who has legal custody by court order in a divorce action dies, the child's residence reverts to the father's residence. In such cases, if the mother's residence was in a different county from that of the father, the required one year of residence in the father's county begins on the date of the mother's death.

- e. He is living separate and apart from the mother who has the child and who has not been deprived of legal custody of the child. If the parents are living separate and apart and the child is living with neither parent, the child's residence is the same as that of the father unless Items a, b, c, and d above are applicable. Living separate and apart means physical separation and may be voluntary or involuntary, such as long hospitalization or incarceration.
- f. The child has been relinquished for adoption to an adoption agency licensed by the SDSW and the relinquishment has been filed with the SDSW.

2. Mother - W&IC 1526(b)

If residence of the child is not governed by the father's residence and the mother is living, the residence of the child is the same as that of the mother unless:

- a. She has abandoned the child.
- b. Her whereabouts is unknown and the county is unable to locate her.
- c. She is residing outside California.

(Section Continued on Next Page)

C-406 (Continued)

C-406

2. If the case is one in which application was made in the county in which the child is living but not in the county in which the child has residence, the Form CA 234 shall show the county's determination of the child's county residence during the year prior to the date the application was filed. (See Sec. C-415, Instructions for Completing Statement of Non-County Residence)

The county shall substantiate the determination of non-county residence by the following:

1. If county residence of the child at the time of application is governed by the residence of a parent (Item 1 or 2 of Sec. C-403) or of a legal guardian (Item 4 of Sec. C-403), the narrative shall include the parent's or guardian's statement of his residence and intent of residence at the time of application and during the year immediately preceding the date on which residence was established in the county of application. Each county in which the parent or guardian resided shall be included with the dates his physical presence began and terminated and a statement as to whether or not he intended to make his home in that county. If the parent or guardian does not have complete or accurate information, or if there appears to be conflicting information, additional evidence in the form of rent or utility receipts, employment records, etc., or interviews with other persons having knowledge of the situation shall be obtained and recorded in the narrative.

If there is a legal guardian, the facts of guardianship shall be determined and shall be included in the record, i.e., the date letters of guardianship were issued, the name of the guardian and whether he is guardian of the person or the estate or both.

2. If county residence of the child at the time of application is governed by court wardship (Item 4 of Sec. C-403), the narrative or case record shall include an oral or written statement by the probation officer or a representative of the juvenile court giving the date the child was adjudged a ward of the juvenile court and the section of the law under which such action was taken.

If the child has been relinquished for adoption to an adoption agency licensed by the SDSW and the relinquishment has been filed with the SDSW (Item 3 of Sec. C-403), the record shall include the date the relinquishment was filed and the name and location of the adoption agency office.

(Section Continued on Next Page)

C-403 (Continued)

C-403

until such time as the residence of a parent or guardian or by court wardship is applicable. For the purposes of county residence, a boarding home is a private family home which accepts one or more children to board with or without compensation, except that this does not apply to the boarding of nieces, nephews, grandchildren, brothers, or sisters.

Example: The family established residence in County A. A divorce decree awarded custody of the child to the father. The father disappeared, leaving the child with neighbors. County A placed the child in a boarding home in County B, located the father, and secured support. The whereabouts of the father became unknown and the boarding home mother applied for ANC. For purposes of ANC, the residence of the child remains in County A until residence is governed by conditions under Items 1, 2, or 4.

7. Physical Presence - W&IC 1526(f)

If residence is not governed by conditions under Items 1 through 6, the county in which the child is living shall be deemed the county of residence. This applies to a child who does not have a parent or guardian in the state, or whose parents or guardian cannot be located in the state, or whose parents in the state have been deprived of custody, unless the child is a foundling; and to a child living in a boarding home or institution, except a child so placed by a public agency (see Item 6).

Example: A half orphan has been living for three years with various relatives in County A since his mother's death. Neither parent established residence in County A. The father's whereabouts has been unknown for two years, and after a complete investigation the county is unable to locate him. The child has no legal guardian and is not a ward of the juvenile court, and Items 3 and 6 do not apply. Therefore, residence is governed by Item 7, that is, physical presence of the child in County A. (W&IC 1526, 1560)

C-406 DETERMINATION OF COUNTY RESIDENCE

C-406

Determination of the county or counties wherein the child had residence during the year immediately preceding the date the application was filed or residence was established in the county of application is required for all non-county cases. This determination is not a requirement in regular cases. (See Sec. C-400 for definition of "regular" case)

In all non-county cases, except in cases transferred from another county, the county of application shall complete a Statement of Non-County Residence, Form CA 234, to show the county's determination, including the basis of the determination, of the child's county residence during the one year immediately preceding the date the application was filed or residence was established in the county of application as follows:

1. If the case is one in which residence has been established in the county of application, the Form CA 234 shall show the county's determination of the child's county residence during the year prior to the date residence was established in the county of application.

(Section Continued on Next Page)

C-412 PROCEDURE FOR INTER-COUNTY TRANSFERS UNDER W&IC 1527

C-412

If the person whose residence governs the child's residence moves to another county with the intent to make the second county his residence, or if a child whose residence is governed by physical presence moves to another county, the required one year of residence shall be presumed to start upon the date of removal from the first county unless the presumption is refuted by positive evidence by the second county and the date residence was established in the second county is determined.

If the basis for residence determination changes from one condition to another (e.g., from physical presence to legal guardian, from parent to court wardship, from agency placement to parent, etc.) and residence is thus changed to another county, the date on which the change in the basis occurred shall be considered the date on which the one year of required residence began in the new county of residence.

If a dispute arises between two counties regarding the beginning date of residence in a transfer case, either county may submit the dispute to the SDSW by use of Form DPA 6, Appeal as to Responsibility for Support (see Appeal Procedure).

If the residence of a child receiving assistance is changed to another county, the inter-county transfer arrangements shall be initiated as soon as possible to insure continued receipt of assistance.

(Section Continued on Next Page)

C-406 (Continued)

C-406

3. If county residence of the child at the time of application is governed by his residence at the time of placement by a public agency in an institution or boarding home (Item 6 of Sec. C-403), the county's statement on the Statement of Non-County Residence, Form CA 234, Items 2 and 3, is sufficient.
4. If county residence of the child at the time of application is governed by his physical presence (Item 7 of Sec. C-403), the narrative shall include a statement of the person responsible for the care of the child or of any other person having knowledge of the child's physical presence, or a summary of records such as those of schools, churches, institutions, hospitals, welfare departments, etc., giving the date of last arrival in the county.

Form CA 234, Statement of Non-County Residence, for each non-county case shall be retained in the case record. If the case is one in which application was made in the county in which the child is living but not in the county in which the child has residence, a copy of Form CA 234 shall also be submitted to the county of residence. (See Sec. C-413, Procedure for Inter-County Transfers Under W&IC 1512(c))

If the parents are divorced and both of them are living, the award of custody in the divorce decree shall be verified in order to determine the residence of the child. Divorce may be verified by a review of documents in the applicant's possession or by review of the official records of the court in which it was granted, summarized in the narrative, or by a letter from the court giving the required information filed in the case record. (W&IC 1560)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14

FILED

In the office of the Secretary of State
of the State of California

DEC 31

3:15 P.m.

FRANK M. JORDAN, Secretary of State
By *Chas. H. Gentry*
Assistant Secretary of State

DEPARTMENT BULLETIN NO. 485 (FISCAL)

TO: COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS
COUNTY WELFARE DIRECTORS

Subject: Reconciliation of County
Authorizations to Auditor's
Payments as Claimed to SDSW

Certain changes in the authorization procedure as provided in Department Bulletins, Nos. 480, 481 and 484, governing procedures for use of the new Authorization Forms Ag, Bl, Ca 278, necessitate corresponding changes in the reconciliation procedure and revision of Form ABC 820, Reconciliation Statement.

Basically the reconciliation procedure in effect since July 1, 1950, continues. The changes in Form ABC 820 involve only those necessary to accommodate the form to the new authorization procedure and controls.

Form ABC 820 (see sample attached) is revised as of January 1, 1953, and is designed for use in reconciling any of the categorical aid claims, both prior and subsequent to the operative date of the new authorization procedure and regardless of whether, in the new procedure, the county elects to use Column 5 of Form Ag, Bl, Ca 278, Authorization Document.

Prior to the adoption by individual counties of the new authorization procedure, as provided in Department Bulletins Nos. 480, 481 and 484, Procedure for use of Forms Ag, Bl, Ca 278, the use of Items 6a, 6b, 6c of Form ABC 820, Reconciliation Statement (Revised January 1953) is optional. If a county elects not to use Items 6a, 6b and 6c, all authorizations for the month of claim received after the cut-off date for changes in the master deck must be included in Items 2 and 3, and Item 4 will include not only aid payments in the master deck control for the month of claim but also payments authorized after the cut-off date for that month. The amount entered in Item 7 will be the same as Item 4. Upon adoption by the individual county of the new authorization procedure, the use of Items 6a, 6b, 6c is no longer optional since their use becomes necessary with the use of Forms Ag, Bl, Ca 278.

The present Form ABC 820 (Revised October 1952) may continue in use through the claims for December 1952. Aid claiming procedures remain unchanged from those prescribed in Chapter 7 of the Manual of Fiscal Policies and Procedures.

Very sincerely yours,

Charles I. Schottland

Charles I. Schottland,
Director

INSTRUCTIONS

Forward three copies with each monthly claim to State Department of Social Welfare, 616 K Street, Sacramento 14.

Enter in the heading the county name and the month of the claim. The body of the form is completed as follows:

- Item 1. Enter the amount of the continuing aid authorized by the county in the Master Deck Control for the previous month. This will be the same figure as stated in Item 4 of the previous month's reconciliation statement unless there has been an error in amounts previously reported. Any correction of a previous error shall be fully explained as a reconciling item.
- Item 2a. The amount to be entered here will include all authorized new cases and restorations affecting the month of claim which are received prior to the out-off date for changes in the Master Deck. If aid is authorized to begin during the month, only the amount of the authorization for the partial month should be entered. Do not include authorizations received after the cut-off date or authorizations for prior months. These are to be included in Items 6a and 8. The amount entered here is transcribed from the total in Col. 3 of Form ABC 822, Register of County Authorizations (or its equivalent in use in the county), for the month of claim. Exception: If any amounts are entered in Item 5a, they shall not be duplicated here.
- Item 2b. The same rules apply here as for Item 2a. Include only increases received prior to the cut-off date for changes in the Master Deck which affect the month of claim; i.e., the net amount by which grants are increased. If Item 5 is not used, Item 2b shall include increases to bring the immediate previous month's partial payments up to the total authorized monthly grants. Do not include authorizations covering supplemental payments for this month or for prior months. These are to be included in Items 6a and 8. The amount entered here is transcribed from the total in Col. 4 of Form ABC 822 for the month of claim. Exception: If any increases are entered in Item 5a, they shall not be duplicated here.
- Item 3a. Enter the amount of all discontinuances authorized to become effective on the last day of a previous month which are received prior to the cut-off date for changes in the Master Deck. The amount entered here is transcribed from the total in Column 5 of Form ABC 822 for the month of claim. Do not include discontinuances received after the cut-off date. These are to be included in Item 6b. Exception: If any discontinuances are entered in Item 5b, they shall not be duplicated here.
- Item 3b. Enter the amount of all authorized decreases affecting the month of claim which are received prior to the cut-off date for changes in the Master Deck; i.e., the net amount by which grants are decreased. The amount entered here is transcribed from the total in Col. 6 of Form ABC 822 for the month of claim. Do not include decreases received after the cut-off date. These are to be included in Item 6b. Exception: If any decreases are entered in Item 5b, they shall not be duplicated here.
- Item 5. Make entries in Items 5a and 5b only if Column 5 of Form _____, Authorization Document, is used for authorizations affecting one month only which are received prior to the cut-off date for changes in the Master Deck. Entries in these items are not to be duplicated in Items 2 and 3. See instructions for those items. Separate Batch Vouchers, Form ABC 821, and Register of Authorizations, Form ABC 822 (or their equivalents in use in the county), shall be kept for Column 5 transactions.
- Item 6. Include in Items 6a or 6b as applicable all authorizations for payments or changes in payments for the month of claim which are received after the cut-off date for changes in the Master Deck for that month. Do not duplicate here any entries made in Items 5a or 5b. Separate Batch Vouchers, Form ABC 821, and Register of Authorizations, Form ABC 822 (or their equivalents in use in the county), shall be kept for authorizations received after the cut-off date for Master Deck changes.
- Item 8. Enter the amount of all retroactive aid authorizations approved this month for prior months including any authorizations requiring new warrants to cover retroactive decreases. Also include authorizations for return of erroneous repayments of aid unless they are reported as credits on the repayment contra roll (see Manual Section F 750, Item I). Do not enter any cancellations for warrants issued in prior months as these are not included within the scope of the reconciliation. The amount entered here is transcribed from the total in Col. 8 of Form ABC 822 for the month of claim.
- Item 9. This figure is the total amount of aid authorized to be paid in the month of claim, which should have been given effect by the county through issuance and cancellation of warrants during the month, except cancellations of warrants issued during prior months.
- Item 10a. Enter the net amount of aid paid as reported on Form Ag, Bl, CA 800, Certification, Line 1, Column C, for the month of claim.
- Item 10b. For ANB and OAS enter the net amount of aid paid as reported for the month on Form AB 802 A, Line 14, Column D. This item is not used for APSB.
- For ANC voucher claims enter the net amount of aid paid as reported for the month on Form CA 802A, Line 1, Column D. This item is not used for ANC-BHI.
- Item 10c. This figure is the total amount of aid claimed.
- Item 11. Enter the difference (plus or minus) between the amount stated in Item 9 and the amount in Item 10c. If the claim has been correctly prepared in accordance with County Authorizations, this figure should be zero. If there is a difference, explain reconciling items in detail below Item 11 or on a separate sheet so that they may be taken into account in preparing the claim and the reconciliation for the following month. If there has been no error in recording county authorizations in the Register of Authorizations (or its equivalent), any difference is in the claim itself (certification, claim summary sheet or the supporting payrolls and current cancellation contra roll).

The certification at the foot of the form is to be signed by the county official under whose direction the reconciliation is prepared; i.e., the County Welfare Director or the County Auditor.

NOTE: In ANC the authorizations used in reconciling include county supplemental aid.

RECONCILIATION STATEMENT
COUNTY AUTHORIZATIONS TO AUDITOR'S PAYMENTS
AS CLAIMED TO SDSW

PROGRAM _____

COUNTY _____

MONTH OF CLAIM _____, 195_____

1. Continuing aid payments previously authorized in Master Deck Control for previous month. (Item 4 of the Reconciliation Statement, Form ABC 820, of the previous month) \$ _____
 2. Plus additional aid payments for this month which are received prior to the cut-off date for changes in the Master Deck:
 - a. New cases and restorations. (Col. 3 of Form ABC 822) \$ _____
 - b. Net amount of increases. (Col. 4 of Form ABC 822) _____
 - c. Sum of Items 2a and 2b. _____
 - d. Sub-total. (Item 1 plus Item 2c) _____
 3. Less reductions in aid payments for this month which are received prior to the cut-off date for changes in the Master Deck:
 - a. Discontinuances. (Col. 5 of Form ABC 822) _____
 - b. Net amount of decreases. (Col. 6 of Form ABC 822) _____
 - c. Sum of Items 3a and 3b. _____
 4. Net amount of authorized continuing aid payments in Master Deck Control for this month. (Item 2d minus Item 3c) _____
- NOTE: Item 5 is to be used only if county makes use of Column 5 of Form Ag Bl, Ca 278, Authorization Document. Amounts reported in Item 5 are not to be included in Items 2 and 3.
5. Changes in authorizations affecting this month only:
 - a. New cases, restorations, and the net amount of increases. (Sum of Cols. 3 and 4 of Form ABC 822 for this month only) . . . , _____
 - b. Discontinuances and the net amount of decreases. (Sum of Cols. 5 and 6 of Form ABC 822 for this month only) _____
 - c. Net differences between Items 5a and 5b. (If minus amount show in red or parenthesis) _____
 6. Authorizations for this month received after cut-off date for changes in Master Deck:
 - a. New cases, restorations, and the net amount of increases. (Sum of Cols. 3 and 4 of Form ABC 822) _____
 - b. Discontinuances and the net amount of decreases. (Sum of Cols. 5 and 6 of Form ABC 822) _____
 - c. Net difference between Items 6a and 6b. (If minus amount show in red or parenthesis) _____
 7. Total aid authorized to be paid this month for this month. (Sum of Items 4, 5c and 6c) _____
 8. Amount of aid authorized to be paid this month for prior months. (Col. 8 of Form ABC 822) _____
 9. Total aid authorized to be paid this month. (Item 7 plus Item 8) _____
 10. Amount claimed this month:
 - a. Line 1, Col. C, Form Ag, Bl, or CA 800. _____
 - b. Line 14, Col. D, Form AB 802A; or
Line 1, Col. D, Form CA 802A _____
 - c. Total aid claimed. (Item 10a plus 10b) _____
 11. Difference, if any, between Items 9 and 10c. Explain any difference below or on a separate sheet _____

CERTIFICATION

I hereby certify that the amounts stated herein are true and correct and are properly supported by auditable records conveniently accessible in the county.

SIGNED: _____ TITLE: _____ DATE: _____, 195_____

See Reverse Side for Instructions